

<i>SERFF Tracking Number:</i>	<i>AMGN-125669508</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39293</i>
<i>Company Tracking Number:</i>	<i>08414</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AG Elite Global Survivor</i>		
<i>Project Name/Number:</i>	<i>AG Elite Global Survivor/08414</i>		

Filing at a Glance

Company: American General Life Insurance Company

Product Name: AG Elite Global Survivor SERFF Tr Num: AMGN-125669508 State: ArkansasLH

TOI: L09I Individual Life - Flexible Premium SERFF Status: Closed State Tr Num: 39293

Adjustable Life

Sub-TOI: L09I.002 Joint (Last Survivor) Co Tr Num: 08414 State Status: Approved-Closed

Filing Type: Form Co Status: Reviewer(s): Linda Bird

Authors: Nancy Smith, Janice Disposition Date: 06/18/2008

Hooey

Date Submitted: 06/12/2008 Disposition Status: Approved

Implementation Date Requested: On Approval Implementation Date:

State Filing Description:

General Information

Project Name: AG Elite Global Survivor

Project Number: 08414

Requested Filing Mode: Review & Approval

Status of Filing in Domicile: Authorized

Date Approved in Domicile:

Domicile Status Comments: File and Use in our domicile state of Texas.

Explanation for Combination/Other:

Market Type: Individual

Submission Type: New Submission

Group Market Size:

Overall Rate Impact:

Group Market Type:

Filing Status Changed: 06/18/2008

State Status Changed: 06/18/2008

Deemer Date:

Corresponding Filing Tracking Number: 08414

Filing Description:

NAIC No.: 012-60488

FEIN No.: 25-0598210

RE: 08414 – Joint and Last Survivor Fixed Index Flexible Premium Adjustable Life Insurance Policy

SERFF Tracking Number: AMGN-125669508 State: Arkansas
Filing Company: American General Life Insurance Company State Tracking Number: 39293
Company Tracking Number: 08414
TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)
Adjustable Life
Product Name: AG Elite Global Survivor
Project Name/Number: AG Elite Global Survivor/08414

This form is being submitted for your consideration and approval. It is new and does not replace any forms previously approved by your Department.

No part of this filing contains any unusual or possibly controversial items from normal company or industry standards.

This policy will be sold by licensed agents with an illustration compliant with the NAIC Model Illustration Regulation.

This policy is an individual non-participating, Joint and Last Survivor Fixed Index Flexible Premium Adjustable Life Insurance policy. A Premium Expense Charge not to exceed 9.0% will be deducted from each premium payment. Deductions from the Accumulation Value are made monthly, and include a Monthly Administration Fee not to exceed \$7.00, cost of insurance provided by the base policy, charges for benefits provided by riders, and a Monthly Expense Charge for the duration stated on the Policy Schedule. The policy contains a 9-year surrender charge schedule. Surrender charges and a new Monthly Expense Charge will also be applied to any increase in Specified Amount.

The Owner may elect to receive declared fixed interest and/or index interest at the time of application. Declared fixed interest is credited monthly to the Accumulation Value based upon a declared interest rate set by the Company. Declared interest rates will never be less than 3%.

There are two different types of Index Interest Accounts (Index Accounts): 1-Year and 5-Year. 1-Year Index Accounts are credited with Index Interest at the end of each 1-year period. 5-Year Index Accounts are credited with Index Interest at the end of each 5-year period. No guaranteed interest is credited to any Index Account. 1-Year and/or 5-Year Index Accounts will be established on the Date of Issue for the portion of the Initial Net Premium that is designated to receive Index Interest. Subsequent 1-Year and/or 5-Year Index Accounts may be established on each Allocation Day. Net Premiums and loan repayments received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in an Interim Account. The Interim Account will receive interest based upon a declared interest rate set by the Company. Declared interest rates will never be less than 3%.

This policy contains an Alternate Value. This is a value that will be maintained during the life of the policy. The Alternate Value provides a value separate from the Accumulation Value that is used only at certain times under the policy. The greater of the Accumulation Value or Alternate Value is available when determining loans, partial surrenders, full surrender, grace period processing and the Death Benefit Amount payable. Policy charges and

SERFF Tracking Number:	AMGN-125669508	State:	Arkansas
Filing Company:	American General Life Insurance Company	State Tracking Number:	39293
Company Tracking Number:	08414		
TOI:	L09I Individual Life - Flexible Premium Adjustable Life	Sub-TOI:	L09I.002 Joint (Last Survivor)
Product Name:	AG Elite Global Survivor		
Project Name/Number:	AG Elite Global Survivor/08414		

expenses are deducted from the Alternate Value. Net premiums and interest are applied to the Alternate Value. Only interest provided by the Alternate Value guaranteed interest rate will be applied to the Alternate Value. The guaranteed interest rate for the Alternate Value is 3%.

Death Benefit Compliance Tests are used to determine if a policy will qualify as life insurance. Applicants may choose one of two Death Benefit Compliance Tests when applying for this policy: The Cash Value Accumulation Test or the Guideline Premium Test.

This policy will normally be issued on a sex distinct basis. However, it may be issued on a unisex basis if required by the Norris Decision. Please be assured that sex distinct policies will be issued with sex-distinct pages and unisex policies will be issued with unisex pages.

Unless otherwise informed, we reserve the right to alter the layout of the enclosed form, including sequential ordering of the provisions, and type font, size (but not less than 10 point) and color.

These forms have been written using simplified language. The Flesch Readability score is 50.41. (14,064 words, 832 sentences and 23,152 syllables)

If you have any questions or require additional assistance, please do not hesitate to call me at (800) 247-8837, extension 3194. You may also reach me via e-mail at the following address: Nancy_M_Smith@aigag.com.

Company and Contact

Filing Contact Information

Nancy Smith, Manager	nancy_m_smith@aigag.com
2929 Allen Parkway	(713) 831-3194 [Phone]
Houston, TX 77019	(713) 342-7550[FAX]

Filing Company Information

American General Life Insurance Company	CoCode: 60488	State of Domicile: Texas
2727-A Allen Parkway	Group Code: 12	Company Type:
Houston, TX 77019	Group Name: AIG	State ID Number:

<i>SERFF Tracking Number:</i>	<i>AMGN-125669508</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AG Elite Global Survivor</i>		
<i>Project Name/Number:</i>	<i>AG Elite Global Survivor/08414</i>		

<i>(713) 831-3508 ext. [Phone]</i>	<i>FEIN Number: 25-0598210</i>
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<i>SERFF Tracking Number:</i>	<i>AMGN-125669508</i>	<i>State:</i>	<i>Arkansas</i>
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Filing Fees

Fee Required?	Yes
Fee Amount:	\$100.00
Retaliatory?	Yes
Fee Explanation:	\$100.00 per filing
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American General Life Insurance Company	\$100.00	06/12/2008	20821185

<i>SERFF Tracking Number:</i>	<i>AMGN-125669508</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Linda Bird	06/18/2008	06/18/2008

<i>SERFF Tracking Number:</i>	<i>AMGN-125669508</i>	<i>State:</i>	<i>Arkansas</i>
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	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AG Elite Global Survivor</i>		
<i>Project Name/Number:</i>	<i>AG Elite Global Survivor/08414</i>		

Disposition

Disposition Date: 06/18/2008

Implementation Date:

Status: Approved

Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: AMG-125669508 State: Arkansas

Filing Company: American General Life Insurance Company State Tracking Number: 39293

Company Tracking Number: 08414

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)

Adjustable Life

Product Name: AG Elite Global Survivor

Project Name/Number: AG Elite Global Survivor/08414

Item Type	Item Name	Item Status	Public Access
Supporting Document	Certification/Notice		Yes
Supporting Document	Application		Yes
Supporting Document	Health - Actuarial Justification		No
Supporting Document	Outline of Coverage		No
Supporting Document	Actuarial Memorandum		No
Supporting Document	L4339 Notice		Yes
Supporting Document	Illustration Actuary's Certification of Compliance		Yes
Form	Joint and Last Survivor Fixed Index Flexible Premium Adjustable Life Insurance Policy		Yes

SERFF Tracking Number: AMGN-125669508 State: Arkansas

Filing Company: American General Life Insurance Company State Tracking Number: 39293

Company Tracking Number: 08414

TOI: L09I Individual Life - Flexible Premium Sub-TOI: L09I.002 Joint (Last Survivor)

Adjustable Life

Product Name: AG Elite Global Survivor

Project Name/Number: AG Elite Global Survivor/08414

Form Schedule

Lead Form Number: 08414

Review Status	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
	08414	Policy/Cont Joint and Last ract/Fratern Survivor Fixed Index al Flexible Premium Certificate Adjustable Life Insurance Policy		Initial		50	08414_ELITE _GLOBAL_S URVIVOR_A R.pdf

AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

Home Office:
Houston, Texas

POLICY NUMBER: 000000000

2727-A Allen Parkway
P.O. Box 1931
Houston, Texas 77251

(713) 522-1111

WE WILL PAY THE DEATH BENEFIT PROCEEDS to the Beneficiary if the Last Surviving Contingent Insured dies prior to the Maturity Date and while this policy is in force. Payment will be made after We receive due proof of the deaths of both Contingent Insureds, and will be subject to the terms of this policy.

WE WILL PAY THE CASH SURRENDER VALUE of this policy to the Owner on the Maturity Date if one or both Contingent Insureds are living on that date and if this policy is in force.

No benefits under the base policy will be paid upon the death of the first Contingent Insured.

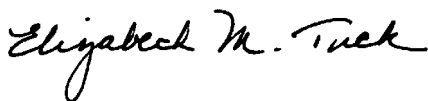
The consideration for this policy is the application and payment of the first premium. The first premium must be paid on or before delivery of this policy.

This is a JOINT AND LAST SURVIVOR FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY. An Adjustable Death Benefit is payable upon the Last Surviving Contingent Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. NONPARTICIPATING-THIS POLICY WILL NOT PAY DIVIDENDS.

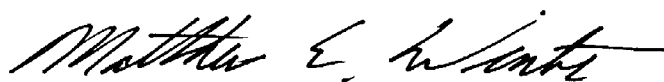
NOTICE OF TWENTY DAY RIGHT TO EXAMINE POLICY

You may return this policy within twenty days after delivery if You are not satisfied with it for any reason. The policy may be returned to Us or to the agent through whom it was purchased. Upon surrender of the policy within the twenty day period, it will be void from the beginning, and We will refund any premium paid.

SIGNED AT THE HOME OFFICE ON THE DATE OF ISSUE.



Secretary



President

JOINT AND LAST SURVIVOR FIXED INDEX INTEREST
FLEXIBLE PREMIUM ADJUSTABLE LIFE
READ YOUR POLICY CAREFULLY

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DEFINITIONS

Company Reference. The words "We", "Our", "Us", or "Company" mean American General Life Insurance Company.

"You", "Your." The words "You" or "Your" mean the Owner of this policy.

Home Office. Our office at 2727-A Allen Parkway, Houston, Texas 77251; Mailing Address P.O. Box 1931, Houston, Texas 77251.

Written, In Writing. A written request or notice in acceptable form and content, which is signed and dated, and received at Our Home Office.

Premium Class. The Premium Class of this policy is shown on the Policy Schedule as one or a combination of the following terms:

Preferred Plus. The term "Preferred Plus" means the cost of insurance is based on the Contingent Insured being an exceptional mortality risk and a non-user of tobacco and/or other products that contain nicotine.

Preferred. The term "Preferred" means the cost of insurance is based on the Contingent Insured being a better than average mortality risk.

Standard. The term "Standard" means the cost of insurance is based on the Contingent Insured being an average mortality risk.

NOTICE

This Policy Is A Legal Contract Between
The Policy Owner And The Company.

DEFINITIONS (Cont'd)

Tobacco. The term "Tobacco" means the cost of insurance is based on the Contingent Insured being a user of tobacco and/or other products that contain nicotine.

Non-Tobacco. The term "Non-Tobacco" means the cost of insurance is based on the Contingent Insured being a non-user of tobacco and/or other products that contain nicotine.

Special. The term "Special" means "Sub-standard" or "Rated". This means an extra amount is being charged due to the Contingent Insured's health, occupation or avocation.

Uninsurable. The term "Uninsurable" means the Contingent Insured would not pass the underwriting requirements for a single life policy.

POLICY SCHEDULE

Contingent Insureds:	Insurance Ages:	Premium Classes:
John Doe	35	Preferred Plus
Jane Doe	35	Preferred Plus
Initial Specified Amount: \$100,000.00	Policy Number:	000000000
Death Benefit Option: 1	Date of Issue:	January 12, 2008
This Is A [Sex Distinct] Policy	Maturity Date:	January 12, 2094
Base Policy	Monthly Cost	Years Payable
Adjustable Life	See Page 3A	86
Initial Premium:	\$1,054.55	
Planned Periodic Premium:	\$1,054.55 Payable Annually	
Monthly Deduction Day:	12 th Day of Each Month	
Minimum Death Benefit Amount (After A Decrease In Specified Amount):	[\$100,000.00]	
	MGP1	MGP
Monthly Guarantee Premium:	[\$1.63]	[\$64.90]
Computational Rates: Policy Year [1]	[6.50%]	[6.50%]
Policy Years [2] - 30	N/A	[6.50%]
Index Account Maximum Partial Surrender:	[10%]	
Monthly Expense Charge:	[\$14.67]	
Monthly Expense Charge Duration:		
First [10] Policy Years		
First [10] Years of An Increase		
Allocation Day:	[12 th Day of Each Month]	
Death Benefit Discount Factor:	1.002466	
Guaranteed Interest Rates:	Annual Effective	Monthly
Declared Interest Account:	3.00%	.2466%
Interim Account:	3.00%	.2466%
Alternate Value:	3.00%	.2466%
Mortality Table:	[Composite 2001 Commissioners Standard Ordinary Male or Female Ultimate ANB Mortality Table]	
Death Benefit Compliance Test:	[Guideline Premium]	
[Initial Maximum Net Amount At Risk For Death Benefit Option 3	[3] Times The Initial Specified Amount Stated On This Page]	
	Guaranteed	Initial
Premium Expense Charge Percentage:	9.00%	[7.00%]
Monthly Administration Fee:	\$7.00	[\$5.00]

Coverage may expire prior to the Maturity Date shown where either no premiums are paid following payment of the initial premium, subsequent premiums are insufficient to continue coverage to such date, or the requirements of any Monthly Guarantee Premium provision have not been met.

This Is A[n] [State Name] Policy

Policy Schedule Continued - Policy Number: 0000000000

Minimum Participation Rate:

1-Year Index Interest Account	[15%]
5-Year Index Interest Account	[15%]

Initial Participation Rate on the Date of Issue:

1-Year Index Interest Account	[55%]
5-Year Index Interest Account	[55%]

S&P 500 Index on the Date of Issue: [1200]

Dow Jones Euro Stoxx 50 Index on the Date of Issue: [3000]

Hang Seng Index on the Date of Issue: [14000]

Index Factor 1: [75%]

Index Factor 2: [25%]

Index Factor 3: [0%]

Policy Schedule Continued – Policy Number 0000000000

**TABLE OF GUARANTEED MONTHLY COST OF INSURANCE RATES
PER \$1,000 OF NET AMOUNT AT RISK**

POLICY YEAR	RATE	POLICY YEAR	RATE
1	0.00010	44	2.12198
2	0.00032	45	2.46477
3	0.00058	46	2.85243
4	0.00088	47	3.33425
5	0.00124	48	3.87368
6	0.00166	49	4.45653
7	0.00217	50	5.11116
8	0.00281	51	5.84973
9	0.00358	52	6.60956
10	0.00456	53	7.56251
11	0.00576	54	8.58310
12	0.00721	55	9.67012
13	0.00902	56	10.72113
14	0.01095	57	11.46047
15	0.01334	58	12.45929
16	0.01623	59	13.73179
17	0.01978	60	15.25579
18	0.02432	61	17.09807
19	0.02983	62	18.84228
20	0.03665	63	20.66627
21	0.04507	64	21.22283
22	0.05527	65	22.36967
23	0.06741	66	24.01742
24	0.08097	67	25.71854
25	0.09665	68	27.61005
26	0.11540	69	29.71280
27	0.13829	70	32.04656
28	0.16609	71	34.59166
29	0.19897	72	37.22542
30	0.23722	73	39.94373
31	0.28149	74	42.69699
32	0.33183	75	45.57447
33	0.38888	76	48.52846
34	0.45484	77	51.38740
35	0.52936	78	54.17773
36	0.61787	79	56.74767
37	0.72193	80	60.29843
38	0.85031	81	63.63045
39	0.99639	82	67.09252
40	1.16255	83	70.87902
41	1.35367	84	74.40719
42	1.57195	85	77.99854
43	1.82589	86	83.33333

The rates shown above represent the guaranteed (maximum) monthly cost of Insurance for each \$1,000 of net amount at risk.

Policy Schedule Continued – Policy Number 0000000000

**DEATH BENEFIT CORRIDOR RATES
BASED ON CASH VALUE ACCUMULATION TEST**

POLICY YEAR	RATE	POLICY YEAR	RATE
1	7.3631	44	1.5531
2	7.0799	45	1.5129
3	6.8078	46	1.4751
4	6.5462	47	1.4397
5	6.2948	48	1.4069
6	6.0531	49	1.3765
7	5.8209	50	1.3482
8	5.5976	51	1.3219
9	5.3831	52	1.2976
10	5.1770	53	1.2749
11	4.9790	54	1.2541
12	4.7887	55	1.2351
13	4.6060	56	1.2176
14	4.4305	57	1.2010
15	4.2619	58	1.1841
16	4.1000	59	1.1670
17	3.9446	60	1.1498
18	3.7954	61	1.1323
19	3.6522	62	1.1143
20	3.5149	63	1.0943
21	3.3833	64	1.0707
22	3.2571	65	1.0400
23	3.1363	66	1.0000
24	3.0206	67	1.0000
25	2.9098	68	1.0000
26	2.8037	69	1.0000
27	2.7023	70	1.0000
28	2.6052	71	1.0000
29	2.5126	72	1.0000
30	2.4242	73	1.0000
31	2.3398	74	1.0000
32	2.2594	75	1.0000
33	2.1827	76	1.0000
34	2.1097	77	1.0000
35	2.0400	78	1.0000
36	1.9737	79	1.0000
37	1.9106	80	1.0000
38	1.8507	81	1.0000
39	1.7939	82	1.0000
40	1.7402	83	1.0000
41	1.6893	84	1.0000
42	1.6413	85	1.0000
43	1.5959	86	1.0000

For Death Benefit Corridor Rates between policy anniversaries: 1. Determine the difference in rates between the two anniversaries; and 2. Add to the earlier rate 1/12 of the difference in rates for each month that has passed since the earlier policy anniversary.

Policy Schedule Continued – Policy Number 0000000000

**DEATH BENEFIT CORRIDOR RATES
BASED ON GUIDELINE PREMIUM TEST**

ATTAINED AGE OF YOUNGER CONTINGENT INSURED	RATE	ATTAINED AGE OF YOUNGER CONTINGENT INSURED	RATE
0-40	2.50	60	1.30
41	2.43	61	1.28
42	2.36	62	1.26
43	2.29	63	1.24
44	2.22	64	1.22
45	2.15	65	1.20
46	2.09	66	1.19
47	2.03	67	1.18
48	1.97	68	1.17
49	1.91	69	1.16
50	1.85	70	1.15
51	1.78	71	1.13
52	1.71	72	1.11
53	1.64	73	1.09
54	1.57	74	1.07
55	1.50	75-90	1.05
56	1.46	91	1.04
57	1.42	92	1.03
58	1.38	93	1.02
59	1.34	94	1.01
		95+	1.00

Policy Schedule Continued – Policy Number 0000000000

TABLE OF SURRENDER CHARGES
PER \$1,000 OF INITIAL SPECIFIED AMOUNT

The following charges apply to each \$1,000 of Initial Specified Amount surrendered during the Surrender Charge Period. The Surrender Charge Period is the first 9 policy years or the first 9 years of an increase. The charge for the surrender of all or any portion of Initial Specified Amount will be equal to the rate shown below for the year of surrender multiplied by the number of thousands of Specified Amount being surrendered. There will be an additional charge for each partial surrender as described in the "Partial Surrender" provision.

POLICY YEAR	SURRENDER CHARGE RATE
1	\$6.58
2	6.52
3	6.46
4	5.51
5	4.58
6	3.66
7	2.76
8	1.87
9	1.01
10	0.00

A new Surrender Charge Schedule will be furnished if there is an increase in Specified Amount.

Contract. Your policy is a legal contract that You have entered into with Us. You have paid the first premium and have submitted an application, a copy of which is attached. In return, We promise to provide the insurance coverage described in this policy.

The entire contract consists of:

1. The base policy;
2. The riders that add benefits to the base policy, if any;
3. Endorsements, if any; and
4. The attached copy of Your application, and any amendments or supplemental applications.

Date of Issue. The Date of Issue of this policy is the date on which the first premium is due. The Date of Issue is also the date from which all policy years, anniversaries, and Monthly Deduction dates are determined.

Owner. The Owner is as stated in the application unless later changed. During the Last Surviving Contingent Insured's lifetime, the Owner may exercise every right the policy confers or We allow (subject to the rights of any assignee of record). You may have multiple Owners of the policy. In that case, the authorizations of all Owners are required for all policy changes. The Owner or Owners may be the same as one or both Contingent Insureds but do not have to be. If an Owner dies while

the policy is in force and either Contingent Insured is living, ownership rights pass on to a successor Owner recorded in Our records, if any; otherwise ownership rights pass to the estate of the Owner.

Last Surviving Contingent Insured. The Last Surviving Contingent Insured is the last survivor of the Contingent Insureds named on the Policy Schedule. Payment of a Death Benefit under this policy will be made upon the death of the Last Surviving Contingent Insured. The term "second death" means "death of the Last Surviving Contingent Insured."

Notification of First Death. While Death Benefit Proceeds will be payable upon the second death, We must receive proof of the death of both Contingent Insureds before payment will be made. Therefore, it is important that due proof of the first death be furnished to the Company at the time of such death.

Types of Accounts. There are three types of accounts available with this policy to which interest is credited to the Accumulation Value. They are:

1. The Index Interest Account(s);
2. The Declared Interest Account; and
3. The Interim Account.

Alternate Value. Interest at the Alternate Value Guaranteed Interest Rate is applied to the Alternate Value of this policy.

PREMIUM PAYMENTS

All premiums after the first are payable in advance. Premium payments are flexible. This means You may choose the amount and frequency of payments.

The actual amount and frequency of premium payments will affect the Cash Values and the amount and duration of insurance. Please refer to the "Policy Values Provisions" for a detailed explanation.

PREMIUM PAYMENTS (Cont'd)

Planned Periodic Premiums. The amount and frequency of the Planned Periodic Premiums You selected are shown on the Policy Schedule. You may request a change in the amount and frequency. We may limit the amount of any increase. (See "Maximum Premium".) Payment of the Planned Periodic Premium may not be sufficient to keep Your policy in force until maturity. You can choose a higher Planned Periodic Premium or an increase in the frequency of payments to keep Your policy in force. (See "Grace Period", "Monthly Guarantee Premium For First Year", and "Monthly Guarantee Premium".)

Unscheduled Additional Premiums. You may pay additional premiums at any time before the Maturity Date shown on the Policy Schedule. We may limit the number and amount of additional premiums. (See "Maximum Premium" and "Maximum Net Amount at Risk".)

Maximum Premium. We reserve the right to refund any premium that would cause this policy to fail to qualify as life insurance under the Death Benefit Compliance Test selected, and under applicable tax laws. The test selected is shown on the Policy Schedule.

Maximum Net Amount at Risk. We reserve the right to refund any premium that would cause an immediate increase in the Net Amount at Risk. We may automatically effect a partial surrender or reduce the Death Benefit, both of which may have federal tax consequences, if the Net Amount at Risk exceeds Our limitations. (We determine the "Net Amount at Risk" as shown in the "How We Calculate the Cost of Insurance for the Base Policy" provision.)

Where to Pay. You may make Your payments to Us at Our Home Office or to an authorized agent. All premium checks must be made

payable to the Company. A receipt signed by an officer of the Company will be furnished upon request.

Premium Expense Charge. The Premium Expense Charge is calculated by multiplying the premium paid by the Premium Expense Charge Percentage. The Premium Expense Charge Percentage is adjustable, but will never be more than the guaranteed Premium Expense Charge Percentage shown on the Policy Schedule.

Net Premium. The term Net Premium as used in this policy means "The premium paid, less the Premium Expense Charge" except as follows: No Premium Expense Charge will be deducted if the source of the premium is Cash Surrender Values applied from another policy issued by the Company. (We refer to this as an internal rollover.)

Allocation of Net Premiums. The initial allocation of Net Premiums is shown in the application for this policy and will remain in effect until changed by Written notice from the Owner. The percentage allocation for future Net Premiums may be changed at any time by Written notice.

Changes in the allocation of Net Premiums will be effective on the date We receive the Owner's notice. The allocation may be 100% to Index Interest or Declared Interest Accounts or may be divided between the accounts in whole percentage points totaling 100%.

Net Premiums received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in an Interim Account. Such account will receive interest as described in the "Interest Rates" provision.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS

Death Benefit Proceeds. If both Contingent Insureds die prior to the Maturity Date and while this policy is in force, We will pay the Death Benefit Proceeds to the Beneficiary. The Death Benefit Proceeds will be subject to:

1. The Death Benefit Option in effect on the date of the second death; and
2. Any increases or decreases made to the Specified Amount. The Initial Specified Amount is shown on the Policy Schedule.

Guidelines for changing the Death Benefit Option or the Specified Amount will be found in the "Changing Your Insurance Policy" section.

Any premium received after the date of the second death will be refunded and will not be included in the Accumulation Value for purposes of calculating the Death Benefit Amount

The Death Benefit Proceeds will be the Death Benefit Amount, after reversing any premium received after the date of the second death, less any outstanding policy loan and will be subject to the other provisions of the "Beneficiary and Proceeds" section.

Death Benefit Compliance Test. Death Benefit Compliance Tests are used to determine if a policy will qualify as life insurance under applicable tax laws. There are two compliance tests which may be used: The Guideline Premium Test and the Cash Value Accumulation Test. The test which You selected when this policy was issued is shown on the Policy Schedule. You cannot change Your selection of the Death Benefit Compliance Test after the Date of Issue.

Death Benefit Option. The Death Benefit Option which You have selected is shown on the Policy Schedule as either Option 1, 2 or 3.

Option 1. If You have selected Option 1, the Death Benefit Amount will be the greater of:

1. The Specified Amount on the date of the second death; or
2. The greater of the Alternate Value plus policy loans or the Accumulation Value on the date of the second death, multiplied by the applicable Death Benefit Corridor Rate. (See "Alternate Value Provisions".)

Option 2. If You have selected Option 2, the Death Benefit Amount will be the greater of:

1. The Specified Amount plus the Accumulation Value on the date of the second death; or
2. The greater of the Alternate Value plus policy loans or the Accumulation Value on the date of the second death, multiplied by the applicable Death Benefit Corridor Rate. (See "Alternate Value Provisions".)

Option 3. If You have selected Option 3, the Death Benefit Amount will be the amount payable under Option 1 plus the sum of all premiums paid for this policy, including premiums for any riders, less any amounts waived by the Company under a waiver of monthly deduction benefit, except as follows: Premium payments after a partial surrender will not increase the Death Benefit Amount until the sum of premiums paid from the date of the partial surrender exceeds the amount of the partial surrender.

DEATH BENEFIT AND DEATH BENEFIT OPTIONS (Cont'd)

There is a Maximum Net Amount at Risk associated with Death Benefit Option 3. If You have selected Option 3, the Maximum Net Amount at Risk on the Date of Issue is shown on the Policy Schedule. If at any time the Net Amount at Risk (Net Amount at Risk is the excess of the Death Benefit Amount over the Accumulation Value of the policy) exceeds the Maximum Net Amount at Risk, the Company may automatically effect a partial surrender or reduce the Death Benefit Amount, both of which may have federal tax consequences, to keep the

Net Amount at Risk below the maximum then in effect. In no event, however, will We effect such partial surrender or reduce the Death Benefit Amount if the change would result in adverse tax consequences under Internal Revenue Code (IRC) section 7702. Future underwritten increases in Specified Amount will increase the Maximum Net Amount at Risk.

Death Benefit Corridor Rates are shown in the table for the Death Benefit Compliance Test which You selected.

CHANGING YOUR INSURANCE POLICY

You may request a change in the Specified Amount or the Death Benefit Option at any time except that a decrease in the Specified Amount may not become effective prior to the end of the first policy year. Your request must be submitted to Our Home Office In Writing.

Increasing the Specified Amount. Increases in Specified Amount will only be considered while both Contingent Insureds are living. We will require an application for each Contingent Insured and evidence of insurability satisfactory to Us for any increase in the Specified Amount.

An increase will be effective on the Monthly Deduction Day on or next following the date the application for increase is approved by Us. The effective date will appear in an endorsement to this policy.

Decreasing the Specified Amount. Any decrease will go into effect on the Monthly Deduction Day following the day We receive the request. The Death Benefit Amount remaining in effect after any decrease cannot be less than the greater of:

1. The Minimum Death Benefit Amount shown on the Policy Schedule; or

2. Any Death Benefit Amount required to qualify this policy as life insurance under applicable tax laws.

Any such decrease will be applied in the following order:

1. Against the Specified Amount provided by the most recent increase;
2. Against the next most recent increases successively;
3. Against the Specified Amount provided under the original application.

Any reduction in Specified Amount will be subject to any applicable surrender charges on a pro-rata basis with the surrender charge prior to the reduction in Specified Amount being reduced proportionately. However, if such charge is greater than the Accumulation Value, the Specified Amount decrease will not be allowed.

Changing the Death Benefit Option. You may request a change from Option 1 to Option 2, from Option 2 to Option 1, or from Option 3 to Option 1.

CHANGING YOUR INSURANCE POLICY (Cont'd)

1. If You request a change from Option 1 to Option 2: The new Specified Amount will be the Specified Amount, prior to the change, less the Accumulation Value as of the effective date of the change, but not less than zero. Any such decrease in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision, except that such decrease will not be subject to a pro-rata surrender charge and the surrender charge will not change due to such decrease.
2. If You request a change from Option 2 to Option 1: The new Specified Amount will be the Specified Amount, prior to the change, plus the Accumulation Value as of the effective date of the change.

3. If You request a change from Option 3 to Option 1: The Specified Amount will remain unchanged.

We will not require evidence of insurability for a change in the Death Benefit Option. The change will go into effect on the Monthly Deduction Day following the date We receive Your request for change.

Changing the Terms of Your Policy. Any change in Your policy must be approved by the President, a Vice President, an Administrative Officer or the Secretary of the Company. No agent has the authority to make any changes or waive any of the terms of Your policy.

INDEX INTEREST (CREDITED AT THE END OF EACH INDEX INTEREST ACCOUNT PERIOD)

There are two different types of Index Interest Accounts. 1-Year Index Interest Accounts will each have a duration of one year. 5-Year Index Interest Accounts will each have a duration of five years. Index Interest, if applicable, will be credited at the end of each Index Interest Account period. Index Interest is based in part on the percentage change in three indices over the applicable Index Interest Account period. The indices do not reflect dividends. Since Index Interest is determined at the end of each Index Interest Account period, no Index Interest will be added as a result of surrender or death of the Last Surviving Contingent Insured occurring prior to the end of an Index Interest Account period.

1-Year Index Interest Accounts are credited with Index Interest at the end of the 1-year period. 5-Year Index Interest Accounts are credited with Index Interest at the end of the 5-year period. No guaranteed interest is credited to any Index Interest Account.

1-Year and 5-Year Index Interest Accounts (Index Accounts). 1-Year and/or 5-Year Index Accounts will be established on the Date of Issue for the portion of the Initial Net Premium that is designated to receive Index Interest. These Index Accounts are established in accordance with the premium allocation percentages in effect. Subsequent 1-Year and/or 5-Year Index Accounts will be established on the Allocation Day shown on the Policy Schedule, as needed. Net Premiums and loan repayments received on any day other than an Allocation Day that are designated to receive Index Interest will be placed in an Interim Account. The Interim Account will receive interest as described in the "Interest Rates" provision.

On each Allocation Day, the following will be placed in the appropriate Index Account:

1. Net Premiums and loan repayments received on such Allocation Day that are designated to receive Index Interest; and

INDEX INTEREST (CREDITED AT THE END OF EACH INDEX INTEREST ACCOUNT PERIOD) (Cont'd)

2. The unloaned Accumulation Value in the Interim Account; and

3. The Renewal Allocation Amount.

One 1-Year and/or one 5-Year Index Account can be established only on an Allocation Day.

You may allocate all or a portion of the unloaned Accumulation Value receiving Declared Interest to a new Index Account. Such value will be placed in the Interim Account until the next Allocation Day when a new Index Account is established. We must receive Your Written request at least 30 days prior to an Allocation Day.

Renewal Allocation Percentage. This is the percentage of each Index Account's unloaned Accumulation Value that will be allocated to a new Index Account. The initial Renewal Allocation Percentage is 100%. This percentage will remain in effect for each Index Account until changed by the Owner. We must receive Your Written request to change the Renewal Allocation Percentage at least 30 days prior to the end of an Index Account's period.

Renewal Allocation Amount. This amount on any Allocation Day is equal to the Renewal Allocation Percentage times the unloaned Accumulation Value of the Index Account ending on the day immediately preceding the Allocation Day, including any Index Interest credited to such account.

Eligible Value. The Eligible Value will be calculated at the end of each Index Account period. The Eligible Value for each 1-Year Index Account is as follows:

1. We will take the sum of the Index Account's unloaned Accumulation Value (after the Monthly Deduction is taken) on each Monthly Deduction Day during the 12 month period, beginning 1 month from the start of the Index Account's period. However, for the 12th month, We will use the

Accumulation Value before subtracting the Monthly Deduction; and

2. We will divide that total by 12.

The Eligible Value for each 5-Year Index Account is as follows:

1. We will take the sum of the Index Account's unloaned Accumulation Value (after the Monthly Deduction is taken) on each Monthly Deduction Day during the 60 month period, beginning 1 month from the start of the Index Account's period. However, for the 60th month, We will use the Accumulation Value before subtracting the Monthly Deduction; and
2. We will divide that total by 60.

Policy Indices. The three indices in the policy are:

S&P 500® Index. References to the S&P 500 Index mean the Standard and Poor's 500 Composite Stock Price Index. It is an index of the stock of 500 publicly traded companies. The index does not reflect dividends. The S&P 500 Index on the Date of Issue is shown on the Policy Schedule.

EURO STOXX 50® Index. The EURO STOXX 50® Index is an index of blue-chip stocks which are represented by 50 stocks covering the largest Sector leaders in the Dow Jones EURO STOXX 50® Index. The index does not reflect dividends. The EURO STOXX 50® Index on the Date of Issue is shown on the Policy Schedule.

Hang Seng Index. Hang Seng means the Hang Seng Index (HSI). It is an index of the largest and most liquid stocks listed on the Stock Exchange of Hong Kong (SEHK). The index does not reflect dividends. The Hang Seng Index on the Date of Issue is shown on the Policy Schedule.

INDEX INTEREST (CREDITED AT THE END OF EACH INDEX INTEREST ACCOUNT PERIOD) (Cont'd)

Index Return and Adjusted Index Return. For a 1-Year Index Account, the Index Return for an index is the average index value during the 1-year period divided by the value of the index at the beginning of the period, minus 1. The average index value is the sum of the index values on the 12 consecutive monthly Allocation Days starting one month after the beginning of the 1-year period, divided by 12.

For a 5-year Index Account, the Index Return for an index is the percentage change in the index over the applicable 5-year period.

The Adjusted Index Return for an Index Account will be:

1. Index Factor 1 times the highest Index Return of the three indices; plus
2. Index Factor 2 times the next highest Index Return of the three indices; plus
3. Index Factor 3 times the lowest Index Return of the three indices.

The three factors are shown on the Policy Schedule. They are guaranteed and will not change while the policy is in force.

If the last day of an Index Account period is not a market day for an index, the Index Return will be calculated as of the last market day before the end of the Index Account period for that index. The term "market day" means a day an index is determined and published. The value of an index on a market day will be the value as of the close of business on such market day.

Participation Rate. The Participation Rate is the percentage of the Adjusted Index Return that will be used to calculate Index Interest, if any. The Initial Participation Rate is shown on the Policy Schedule and is guaranteed for any Index Account that is established on the Date of Issue.

From time to time We will declare a new Participation Rate that will apply to each new

Index Account. The new Participation Rate may be higher or lower than the Initial Participation Rate. The new Participation Rate will never be lower than the Minimum Participation Rates shown on the Policy Schedule. Once an Index Account is created the Participation Rate will not change for that account.

Index Interest Percentage. The Index Interest Percentage will be calculated at the end of each Index Account period. The Index Interest Percentage for each 1-Year Index Account is as follows:

1. At the end of the Index Account's 1-year period, We will take the Adjusted Index Return applicable for such account; and
2. Multiply it by the Participation Rate applicable to such account.

The Index Interest Percentage for each 5-Year Index Account is as follows:

1. At the end of the Index Account's 5-year period, We will take the Adjusted Index Return applicable for such account; and
2. Multiply it by the Participation Rate applicable to such account.

The Index Interest Percentage for any Index Account will never be less than zero.

Calculation of Index Interest. At the end of each Index Account period, We will calculate Index Interest by multiplying its Eligible Value by its Index Interest Percentage.

Changing or Discontinuing an Index. If one of the indices is no longer published, or if the index cannot be used, We will adopt a published index that is similar. Our decision to discontinue the Index Interest option will apply to this policy only on an Allocation Day and will not affect Index Interest payable for any existing Index Account. We will notify You of any change.

POLICY VALUES PROVISIONS

Accumulation Value:

On the Date of Issue. The Accumulation Value on the Date of Issue will be:

1. The Net Premium received; less
2. The Monthly Deduction for the first policy month. (See "How We Calculate a Monthly Deduction".)

The first Deduction Day is the Date of Issue. The Monthly Deduction Day is shown on the Policy Schedule.

On Each Monthly Deduction Day. On each Monthly Deduction Day after the Date of Issue, We will determine the Accumulation Value as follows:

1. We will take the Accumulation Value as of the last Monthly Deduction Day; and
2. Add all Net Premiums received since the last Monthly Deduction Day; and
3. Add the interest earned for the month:
 - A. Interest will be applied for the entire month on the excess of the Accumulation Value on the last Monthly Deduction Day over any partial surrenders made since the last Monthly Deduction Day;
 - B. If a Net Premium has been received since the last Monthly Deduction Day, interest on such amount will be added on a pro-rata basis from the date received to the end of the policy month;
 - C. If a partial surrender has been made since the last Monthly Deduction Day, interest on the amount of such partial surrender will be added on a pro-rata basis from the last Monthly Deduction

Day to the day of such partial surrender; and

4. Add Index Interest, if any; and
5. Subtract any partial surrender made and any charges for partial surrenders since the last Monthly Deduction Day; and
6. Subtract the Monthly Deduction for the policy month following the Monthly Deduction Day. (See "How We Calculate a Monthly Deduction".)

On Any Day Other Than a Monthly Deduction Day. The Accumulation Value on any day other than a Monthly Deduction Day will be:

1. The Accumulation Value as of the last Monthly Deduction Day;
2. Less any partial surrenders made and any charges for partial surrenders since the last Monthly Deduction Day;
3. Plus all Net Premiums received since the last Monthly Deduction Day;
4. Plus interest earned since the last Monthly Deduction Day.

Cash Value. The Cash Value of this policy will be equal to:

1. The greater of the Alternate Value plus policy loans or the Accumulation Value; less
2. The surrender charge, if any. (See "Alternate Value Provisions".)

Cash Surrender Value. The Cash Surrender Value of this policy will be equal to the Cash Value less any indebtedness.

POLICY VALUES PROVISIONS (Cont'd)

Monthly Deductions May Be Made Only if There Is Sufficient Value (Unless Policy Is Being Continued Under Either Monthly Guarantee Premium Provision). Unless this policy is being continued in force under either Monthly Guarantee Premium provision, a Monthly Deduction from the Accumulation Value may be made only if the Cash Surrender Value is equal to or greater than the Monthly Deduction. The Accumulation Value will be reduced by the amount of each Monthly Deduction. If the Cash Surrender Value on a Monthly Deduction Day is not sufficient to meet the Monthly Deduction for the current month, this policy will be subject to the "Grace Period" and "Monthly Guarantee Premium" provisions.

Surrender Charge. Surrender charges will apply if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period. Surrender charges for any increases in Specified Amount will apply if such increases are surrendered or reduced during the Surrender Charge Period of each increase. (See "Table of Surrender Charges".)

You may make a request for a full surrender at any time during either Contingent Insured's lifetime before the Maturity Date.

A reduction in Specified Amount due to a requested partial surrender, full surrender, or partial surrender will be calculated as of the day We receive Your request.

How We Calculate a Monthly Deduction. Each Monthly Deduction includes:

1. The cost of insurance provided by the base policy; and
2. The total charges for benefits provided by riders; and
3. The Monthly Administration Fee; and

4. The Monthly Expense Charge, if any.

Monthly Deductions will be made from the accounts in the following order:

1. From the Interim Account until it is reduced to zero;
2. From the Declared Interest Account until it is reduced to zero;
3. From among the 1-Year Index Accounts and from among the 5-Year Index Accounts, allocated proportionately.

How We Calculate the Cost of Insurance for the Base Policy. We calculate the cost of insurance at the beginning of each policy month. The cost of insurance is determined on the Monthly Deduction Day by multiplying the Net Amount at Risk by the cost of insurance rate per \$1,000 and dividing the result by 1000.

To determine the Net Amount at Risk, We:

1. Divide the Death Benefit Amount under the base policy by the Death Benefit Discount Factor shown on the Policy Schedule; and
2. Reduce the result by the amount of Accumulation Value allocated to the base policy:
 - a. Before the cost of insurance deduction is taken; and
 - b. After any applicable rider charges, the Monthly Expense Charge, if any, and the Monthly Administration Fee are deducted.

Charges for Benefits Provided by Riders. All charges for benefits provided by riders will be as stated on the Policy Schedule or in an endorsement to this policy. Riders are not part of the base policy.

POLICY VALUES PROVISIONS (Cont'd)

Monthly Administration Fee. An administration fee will be deducted monthly. The amount of the Monthly Administration Fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

Monthly Expense Charge. A Monthly Expense Charge will be deducted monthly. Such charge applies to the Initial Specified Amount and to any increase in Specified Amount. The Monthly Expense Charge for the Initial Specified Amount is shown on the Policy Schedule. The duration of the charge for the Initial Specified Amount and any increase in Specified Amount is also shown on the Policy Schedule. The Monthly Expense Charge for any increase in the Specified Amount will be provided in an endorsement to this policy. Any decrease in Specified Amount will not change the Monthly Expense Charge then in effect.

Cost of Insurance Rate. The cost of insurance rate for the Initial Specified Amount, and for each Specified Amount increase, is based on each Contingent Insured's:

1. Gender (if issued on a Sex Distinct basis);
2. Age nearest birthday on each policy anniversary; and
3. Premium class shown on the Policy Schedule and subsequent endorsements, if any, associated with the Initial Specified Amount and each increase in the Specified Amount.

A table of guaranteed monthly cost of insurance rates is included in this policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all policies in the same rate class as this policy. The rate class of this policy is determined on its Date of Issue according to:

1. The calendar year of issue and policy year;
2. The plan of insurance;

3. The amount of insurance; and
4. The age nearest birthday, gender and premium class of each Contingent Insured if issued on a Sex Distinct basis or the age nearest birthday and premium class if issued on a Gender Neutral basis.

Changes in Rates, Charges and Fees. This policy does not participate in Our profits or surplus. Any redetermination of the cost of insurance rates, interest rates, Participation Rates, Premium Expense Charge Percentage or Monthly Administration Fee will be based on Our future expectations as to mortality, persistency, expenses, investment earnings, reinsurance costs, option prices, and state and federal taxes. We will not change these rates or charges in order to recoup any prior losses.

Interest Rates. The guaranteed interest rates used in calculating Accumulation Values are shown on the Policy Schedule. Guaranteed interest is credited monthly only to the Declared Interest and Interim Accounts and is applied to the Alternate Value. We can use interest rates greater than the guaranteed interest rates to calculate the values in the Declared Interest and Interim Accounts.

For the Declared Interest Account and Interim Account: Interest in addition to that provided by the guaranteed interest rates, if any, will be credited monthly.

For each Index Account: Interest, if any, will be credited at the end of each Index Account period as Index Interest. No guaranteed interest is credited to any Index Account. The three Index Factors shown on the Policy Schedule are guaranteed and will not change while the policy is in force.

For the Alternate Value: Only interest provided by the Alternate Value Guaranteed Interest Rate will be used to calculate the Alternate Value each month. No other type of interest is applied to the Alternate Value.

POLICY VALUES PROVISIONS (Cont'd)

We will apply a different rate of interest to that portion of the Accumulation Value which equals the amount of a policy loan. The rate applied to amounts offset by policy loans will be credited monthly at an annual effective rate of not less than 3.0%. The amounts offset by policy loans will not be eligible for Index Interest.

Grace Period. The Grace Period is the 61-day period that follows a Monthly Deduction Day or an annual policy loan interest due date if:

1. There is not enough Cash Surrender Value to pay the amount due; and
2. The requirements of either Monthly Guarantee Premium provision have not been met.

There is no Grace Period for the initial Monthly Deduction.

If the amount required to keep Your policy in force is not paid by the end of the Grace Period, this policy will terminate without value. However, We will give You at least 31 days notice prior to termination that Your policy is in the Grace Period and advise You of the amount of premium required to keep Your policy in force. Such 31 days prior notice will be sent to You at Your last known address, and to the assignee of record, if any. If the Last Surviving Contingent Insured dies during the Grace Period, Monthly Deductions through the policy month in which death occurred will be deducted from the proceeds.

If a surrender request is received within 31 days after the Grace Period commences, the Cash Surrender Value payable will not be less than the Cash Surrender Value on the Monthly Deduction Day the Grace Period commenced. The Monthly Deduction for the policy month following such Monthly Deduction Day will not be subtracted in the calculation of such Cash Surrender Value.

Monthly Guarantee Premium For First Year (MGP1). The MGP1 for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The MGP1's Guarantee Period begins on the Date of Issue and ends on this policy's first anniversary.

This policy will not terminate on a Monthly Deduction Day during the first policy year if on such day:

1. The sum of the premiums paid (less partial surrenders) accumulated with interest, less the policy loan amount, if any, equals or exceeds;
2. The sum of the MGP1 premiums from the Date of Issue, including the current month, accumulated with interest.

Interest will accumulate at an annual effective MGP1 rate shown on the Policy Schedule.

During the first policy year, the portion of any Monthly Deduction that is greater than the Cash Surrender Value must be paid by the first policy anniversary. If the amount is not paid, the policy will enter the Grace Period (See "Grace Period".)

Monthly Guarantee Premium (MGP). The MGP for the Initial Specified Amount and any benefit riders in force on the Date of Issue is shown on the Policy Schedule. The MGP is an additional benefit that is different from the MGP1. The MGP's Guarantee Period begins on the Date of Issue and continues to the earlier of the following dates:

1. The 30th policy anniversary; or
2. The policy anniversary nearest the younger Contingent Insured's 90th birthday.

This policy will not terminate on a Monthly Deduction Day within the MGP's Guarantee Period if, on such day:

POLICY VALUES PROVISIONS (Cont'd)

1. The sum of the premiums paid (less partial surrenders) accumulated with interest, less the policy loan amount, if any, equals or exceeds;
2. The sum of the MGP premiums from the Date of Issue, including the current month, accumulated with interest.

Interest will accumulate at an annual effective MGP rate shown on the Policy Schedule.

Concerning Monthly Guarantee Premiums. If on a Monthly Deduction Day, this policy does not meet either Monthly Guarantee Premium provision requirements, guarantees under these provisions will not be in effect.

During either guarantee period the Monthly Guarantee Premium will be recalculated if:

1. The Specified Amount is increased or decreased;
2. A benefit rider is increased, decreased, added or removed;
3. A change in Premium Class occurs; or
4. A change in Death Benefit Option occurs.

These changes will not affect any guarantee period then in effect, if any.

If a policy is reinstated during a guarantee period with no change to the Specified Amount, the Death Benefit Option, Premium Class, or benefit riders, if any, the monthly guarantee premium upon reinstatement will be the same as it was when the policy lapsed. Reinstatement will not change the guarantee period that was in effect when the policy lapsed.

The policy value at the end of either guarantee period may be insufficient to keep the policy in force unless an additional payment is made at that time.

Full Surrender. You may return Your policy to Us and request its Cash Surrender Value at any time during the Last Surviving Contingent Insured's lifetime before the Maturity Date. The Cash Surrender Value will be calculated as of the day We receive Your request. If surrender takes place within 31 days after a policy anniversary, the Cash Value will not be less than on that anniversary. However, calculation of the Cash Surrender Value will take into account any partial surrender, loan and/or Monthly Deduction taken within those 31 days. A full surrender that occurs prior to the end of an Index Account period will not be eligible for any portion of Index Interest that might have otherwise been payable had the surrender occurred at the end of the Index Account period.

Partial Surrender. At anytime after the first policy year and prior to the Maturity Date, You may request withdrawal of a portion of the Cash Surrender Value of the policy. To be processed on an Allocation Day, the partial surrender request must be received prior to the Maturity Date, In Writing, at least ten days prior to that Allocation Day.

Partial surrenders will be made from the accounts in the following order:

1. From the Interim Account until it is reduced to zero;
2. From the Declared Interest Account until it is reduced to zero;
3. From among the 1-Year Index Accounts and from among the 5-Year Index Accounts, allocated proportionately.

Partial surrenders from an Index Account are limited to 100% of the value in an Index Account that ends on the date the partial surrender is made. If the partial surrender is not made on such date then the amount is limited to the Index Account Maximum Partial Surrender percentage shown on the Policy Schedule.

POLICY VALUES PROVISIONS (Cont'd)

A partial surrender will result in a reduction of the Cash Value, Accumulation Value and the Death Benefit Amount. The Cash and Accumulation Values will be reduced by the amount of partial surrender. The reduced Death Benefit Amount will be determined in accordance with the "Death Benefit Option" provision. If Your Death Benefit Option is Option 1 or Option 3, the Specified Amount will be reduced by the amount of the partial surrender. The reduction in Specified Amount will be subject to the same guidelines and restrictions as outlined in the "Decreasing the Specified Amount" provision. (The Specified Amount after the reduction will not be less than zero.) The Death Benefit Amount remaining after this reduction must not be less than the Minimum Death Benefit Amount shown on the Policy Schedule.

There will be a charge not to exceed \$50.00 for each partial surrender in addition to the amounts shown in the Table of Surrender Charges. Any partial surrender that causes a reduction in Specified Amount will be subject to any applicable surrender charges on a pro-rata basis, and the remaining surrender charge will be reduced proportionately. If You have selected Death Benefit Option 2, a partial surrender may not cause a reduction in Specified Amount.

Payment of Cash Surrender Value Benefit.

We can delay payment of Cash Surrender Values for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay payment of a partial surrender if the amount is to be used to pay a premium to Us.

Continuation of Insurance Coverage if Amount or Frequency of Premium Payments is Reduced or if Premium Payments Are Discontinued.

If You reduce the amount or frequency of premium payments, or if You discontinue payment of premiums and do not surrender this policy, We will continue making Monthly Deductions (as long as there is sufficient Cash Surrender Value to make such deductions) until the Maturity Date. During an MGP1 or MGP Guarantee Period, this policy will remain in force as long as either Monthly Guarantee Premium requirements are met. This policy will remain in force until the earliest of the following dates:

1. The Maturity Date (if there is sufficient value to make Monthly Deductions to that date);
2. Full surrender of the policy;
3. The end of the Grace Period; or
4. The second death.

ALTERNATE VALUE PROVISIONS

The Alternate Value (AV). This is a value that will be maintained during the life of the policy. The Alternate Value provides a value separate from the Accumulation Value that is used only at certain times under this policy. The greater of the Accumulation Value or Alternate Value is available when determining:

1. Loans;
2. Partial surrenders;

3. Full surrender;
4. Grace Period processing; and
5. The Death Benefit Amount payable.

Policy charges and expenses are deducted from the Alternate Value. Net Premiums and interest are applied to the Alternate Value.

ALTERNATE VALUE PROVISIONS (Cont'd)

Alternate Value:

On the Date of Issue. The AV on the Date of Issue will be:

1. The Net Premium received; less
2. The AV Monthly Deduction for the first policy month. (See "How We Calculate an AV Monthly Deduction".)

The first Deduction Day is the Date of Issue. The Monthly Deduction Day is shown on the Policy Schedule.

On Each Monthly Deduction Day. On each Monthly Deduction Day after the Date of Issue, We will determine the AV as follows:

1. We will take the AV as of the last Monthly Deduction Day; and
2. Add all Net Premiums received since the last Monthly Deduction Day; and
3. Add the guaranteed interest earned for the month, determined in the following manner:
 - A. Guaranteed interest will be applied for the entire month on the excess of the AV on the last Monthly Deduction Day over any partial surrenders made since the last Monthly Deduction Day;
 - B. If a Net Premium has been received since the last Monthly Deduction Day, guaranteed interest on such amount will be added on a pro-rata basis from the date received to the end of the policy month;
 - C. If a partial surrender has been made since the last Monthly Deduction Day, guaranteed interest on the amount of such partial surrender will be added on a pro-rata basis from the last Monthly Deduction Day to the day of such partial surrender; and

4. Subtract any policy loans, partial surrenders and any charges for partial surrenders made since the last Monthly Deduction Day; and
5. Subtract the AV Monthly Deduction for the policy month following the Monthly Deduction Day. (See "How We Calculate an AV Monthly Deduction".)

On Any Day Other Than a Monthly Deduction Day. The AV on any day other than a Monthly Deduction Day will be:

1. The AV as of the last Monthly Deduction Day;
2. Less any policy loans, partial surrenders and any charges for partial surrenders made since the last Monthly Deduction Day;
3. Plus all Net Premiums received since the last Monthly Deduction Day;
4. Plus guaranteed interest earned since the last Monthly Deduction Day.

AV Monthly Deductions. The AV will be reduced by the amount of each AV Monthly Deduction. Such Monthly Deduction from the AV will be made even if the AV is equal to or less than zero.

If the AV is less than zero, negative interest will be credited to (charged against) the AV and the policy may lapse if there is insufficient Accumulation Value in the policy and the MGP1 or MGP is not in effect. The AV will not be greater than zero until sufficient additional premiums are paid.

ALTERNATE VALUE PROVISIONS (Cont'd)

Surrender Charge. Surrender charges will apply to the AV if the Initial Specified Amount is surrendered or reduced during the Surrender Charge Period. Surrender charges for any increases in Specified Amount will apply to the AV if such increases are surrendered or reduced during the Surrender Charge Period of each increase. ("See Table of Surrender Charges".)

How We Calculate an AV Monthly Deduction.

Each AV Monthly Deduction includes:

1. The cost of insurance provided by the base policy; and
2. The total charges for benefits provided by riders; and
3. The Monthly Administration Fee; and
4. The Monthly Expense Charge, if any.

How We Calculate the AV Cost of Insurance.

We calculate the AV cost of insurance at the beginning of each policy month. Such cost of insurance is determined on the Monthly Deduction Day by multiplying the AV Net Amount at Risk by the cost of insurance rate per \$1,000 and dividing the result by 1000.

To determine the AV Net Amount at Risk, We:

1. Divide the Death Benefit Amount under the base policy by the Death Benefit Discount Factor shown on the Policy Schedule; and
2. Reduce the result by the amount of AV plus policy loans allocated to the base policy:
 - a. Before the cost of insurance deduction is taken; and
 - b. After any applicable rider charges, the Monthly Expense Charge, if any, and the Monthly Administration Fee are deducted.

However, the AV Net Amount at Risk will never be greater than the AV Specified Amount when calculating the AV.

Charges for Benefits Provided by Riders. All charges for benefits provided by riders will be as stated on the Policy Schedule or in an endorsement to this policy and will apply to the AV.

Monthly Administration Fee. An administration fee will be deducted monthly and will apply to the AV. The amount of the Monthly Administration Fee may be adjusted, but will never be greater than the guaranteed Monthly Administration Fee shown on the Policy Schedule.

Monthly Expense Charge. A Monthly Expense Charge will be deducted monthly. Such charge applies to the Initial AV Specified Amount and to any increase in AV Specified Amount. The Monthly Expense Charge for the Initial AV Specified Amount is shown on the Policy Schedule. The duration of the charge for the Initial AV Specified Amount and any increase in AV Specified Amount is also shown on the Policy Schedule. The Monthly Expense Charge for any increase in the AV Specified Amount will be provided in an endorsement to this policy. Any decrease in AV Specified Amount will not change the Monthly Expense Charge then in effect.

Cost of Insurance Rate. The cost of insurance rate for the Initial AV Specified Amount, and for each AV Specified Amount increase, is based on each Contingent Insured's:

1. Gender (if issued on a Sex Distinct basis);
2. Age nearest birthday on each policy anniversary; and

ALTERNATE VALUE PROVISIONS (Cont'd)

3. Premium class shown on the Policy Schedule and subsequent endorsements, if any, associated with the Initial AV Specified Amount and each increase in the AV Specified Amount.

A table of guaranteed monthly cost of insurance rates is included in this policy. We can use cost of insurance rates that are lower than the guaranteed rates. Any change in rates will apply to all policies in the same rate class as this policy.

The rate class of this policy is determined on its Date of Issue according to:

1. The calendar year of issue and policy year;
2. The plan of insurance;
3. The amount of insurance; and
4. The age nearest birthday, gender and premium class of each Contingent Insured if issued on a Sex Distinct basis or the age nearest birthday and premium class if issued on a Gender Neutral basis.

Changes in Rates, Charges and Fees. This policy does not participate in Our profits or surplus. Any redetermination of the cost of insurance rates, interest rates, Participation Rates, Premium Expense Charge Percentage or Monthly Administration Fee will be based on Our future expectations as to mortality, persistency, investment earnings, expenses, reinsurance costs, option prices, and state and federal taxes. We will not change these rates or charges in order to recoup any prior losses.

AV Interest Rate. The Alternate Value Guaranteed Interest Rate used in calculating the AV is shown on the Policy Schedule. Guaranteed interest is credited monthly. No other type of interest is credited to the AV.

AV Specified Amount. The AV Specified Amount is always equal to the Specified Amount of the policy. The AV Specified Amount is used to determine the AV.

Policy Loans. When a policy loan is made, the amount of the loan will be deducted from the AV. When loan repayments are made, the amount of the repayment will be allocated to the AV.

POLICY LOANS

You may borrow from Us at any time while this policy is in force, an amount which is equal to or less than the policy's loan value. The loan value will be the Cash Value less:

1. Any prior outstanding loan; and
2. Interest on the amount to be borrowed to the next policy anniversary; and
3. Interest on any prior outstanding loan to the next policy anniversary.

When a policy loan is made, the amount of the loan will be deducted on a pro-rata basis from each Index Account, the Declared Interest Account and the Interim Account.

Loan Interest. Except for Preferred Loans, the Annual Policy Loan Interest Rate is 3.85%, payable in advance. (This is equivalent to an annual effective rate of 4.0%, paid at the end of the policy year.) On each policy anniversary, loan interest for the next year is due in advance. Interest not paid when due will be added to the loan. (See "Preferred Loans".)

POLICY LOANS (Cont'd)

How You May Repay a Policy Loan. You may repay all or part of a policy loan at any time, except that:

1. Repayment may be made only while this policy is in force and prior to the second death; and
2. A partial repayment must be at least \$10.00; and
3. You must specify the payment is to repay all or part of the policy loan.

Loan repayments will be allocated in accordance with the premium allocation percentages in effect.

However, if the loaned amount exceeds the Accumulation Value, loan repayments will be applied to the AV first. Once the loaned amount is less than or equal to the Accumulation Value, the loan repayments will be allocated to the Index Interest and Declared Interest Accounts in accordance with the premium allocation percentages in effect.

Except as provided in the "Grace Period" provision, this policy will lapse at any time Your policy loan exceeds the Cash Value. However, at least 31 days prior notice must be mailed by Us to Your last known address and to the assignee of record, if any.

We Can Delay Payment. We can delay lending You money for up to 6 months, or the period allowed by law, whichever is less. However, We cannot delay lending You money if the amount is to be used to pay a premium to Us.

Obtaining a Loan. You may obtain a policy loan by Written request and assignment of the policy as sole security for the loan.

Preferred Loans. A "Preferred Loan" is a policy loan that is made at a net cost to the Owner that is less than the net cost of other policy loans. By "net cost" We mean the amount of interest charged for the loan less interest credited to the amount of the Accumulation Value offset by a loan. Starting on the tenth policy anniversary, this policy will be eligible for "Preferred Loans" subject to the following guidelines:

1. The maximum amount of the loan value eligible for Preferred Loans during a policy year is restricted to the lesser of the following values on the first day of such policy year:
 - a. The policy loan value; or
 - b. 10% of the Accumulation Value.
2. When a Preferred Loan is made, loan interest to the next policy anniversary will accrue daily at an annual effective rate of not less than 2.91% nor more than 3.15%. (This is equivalent to an effective rate of not less than 3.0% nor more than 3.25% respectively, paid at the end of the policy year.)

BENEFICIARY AND PROCEEDS

Beneficiary. The Beneficiary will be as named in the application, or later changed by the Owner. Unless the Owner provides otherwise, upon the second death, We will pay proceeds in equal shares to the named Beneficiaries that survive such Contingent Insured. Unless otherwise provided by the beneficiary designation, proceeds will be paid as follows:

1. If any Beneficiary dies while the Last Surviving Contingent Insured is living, that Beneficiary's interest will pass to any other Beneficiaries of the Last Surviving Contingent Insured according to their respective interests.

BENEFICIARY AND PROCEEDS (Cont'd)

2. If there is no Beneficiary upon the second death, (and there is no provision to the contrary), proceeds will be paid in one sum to the Owner, if living; otherwise, proceeds will be paid to the Owner's estate.

Common Disaster. If We cannot determine whether a Beneficiary or the Last Surviving Contingent Insured died first in a common disaster, We will assume that the Beneficiary died first. Proceeds will be paid on this basis unless an endorsement to this policy provides otherwise.

Simultaneous Death of Contingent Insureds if Contingent Insureds are Owners. If the Contingent Insureds are also the Owners and We are unable to determine to Our satisfaction that one of the Contingent Insureds predeceased the other, it will be assumed that the Contingent Insureds died simultaneously. Thereupon, one-half of the Death Benefit Proceeds will be payable with respect to each of the Contingent Insureds' Beneficiaries.

Proceeds. Proceeds mean the amount payable on:

1. The Maturity Date;
2. Exercise of the full surrender benefit; or
3. The second death.

The proceeds on the Maturity Date will be the Cash Surrender Value. The proceeds on the second death will be the Death Benefit Amount, after reversing any premium received after the date of the second death, less any outstanding policy loans.

All proceeds and partial surrender benefits are subject to the provisions of the "Payment Options" section and the other provisions of this policy.

CHANGE OF OWNERSHIP OR BENEFICIARY

You may change the Owner or the Beneficiary at any time during the lifetime of either Contingent Insured unless the previous designation provides otherwise. To do so, send a Written request to Our Home Office. The change will go into effect when We have

recorded the change. However, after the change is recorded, it will be deemed effective as of the date of Your Written request for change. The change will be subject to any payment made or action taken by Us before the request is recorded.

PAYMENT OPTIONS

Instead of being paid in one sum, all or part of the proceeds may be applied under any of the Payment Options described below. In addition to these options, other methods of payment may be chosen with Our consent.

Payment Contract. When proceeds become payable under a Payment Option, a Payment Contract will be issued to each payee. The Payment Contract will state the rights and benefits of the payee. It will also name those who are to receive any balance unpaid at the death of the payee.

PAYMENT OPTIONS (Cont'd)

Election of Options. The Owner may elect or change any Payment Option while either Contingent Insured is living, subject to the provisions of this policy. This election or change must be In Writing. Within 60 days after We receive Written notification of the second death, a payee entitled to proceeds in one sum may elect to receive proceeds under any option (subject to the limitations stated in the "Availability of Options" provision).

Option 1. Payments for a Specified Period: Equal monthly payments will be made for a specified period. The Option 1 Table in this policy shows the monthly income for each \$1,000 of proceeds applied.

Option 2. Payments of a Specified Amount: Equal monthly payments of a specified amount will be made. Each payment must be at least \$60 a year for each \$1,000 of proceeds applied. Payments will continue until the amount applied, with interest, has been paid in full.

Option 3. Monthly Payments for Life with Period Certain: Equal monthly payments will be made for a specified period, and will continue after that period for as long as the payee lives. The specified period may be 10, 15, or 20 years. The Option 3 Table in this policy shows the monthly income for each \$1,000 of proceeds applied. If issued on a Sex Distinct basis, tables are based on the Annuity 2000 Male or Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with interest at the rate of 2% per year. If issued on a Gender Neutral basis, tables are based on the Annuity 2000 Male and Female Tables adjusted by projection scale G (adjusted by 50% of projection scale G for females and 100% of projection scale G for males) for 20 years, with Gender Neutral rates based on 60% female and 40% male, and interest at the rate of 2% per year.

At the time payments are to begin under this option, the payee may choose one of the following:

1. Monthly payments based on the Option 3 Table; or
2. Monthly payments equal to a monthly annuity based on Our single immediate annuity rates then in use.

Option 4. Proceeds Left at Interest: Proceeds may be left on deposit with Us for any period up to 30 years. Interest earned on the proceeds may be:

1. Left on deposit to accumulate at the rate of 2% compounded annually; or
2. Paid in installments at the rate for each \$1,000 of proceeds of \$20 annually, \$9.95 semiannually, \$4.96 quarterly or \$1.65 monthly.

Upon the death of the payee, or at the end of the specified period, any balance left on deposit will be paid in a lump sum or under Options 1, 2 or 3.

Interest Rates. The guaranteed rate of interest for proceeds held under Payment Options 1, 2, 3 and 4 is 2% compounded annually. We may credit interest at a higher rate. The higher rate will be determined by Us.

Payments. The first payment under Options 1, 2 and 3 will be made when the claim for settlement has been approved. Payments after the first will be made according to the manner of payment chosen. Interest under Option 4 will be credited from the date of death and paid or added to the proceeds as provided in the Payment Contract.

Availability of Options. If the proposed payee is not a natural person, payment options may be chosen only with Our consent.

PAYMENT OPTIONS (Cont'd)

If this policy is assigned, We will have the right to pay the assignee in one sum the amount to which the assignee is entitled. Any balance will be applied according to the option chosen.

The amount to be applied under any one option must be at least \$2,000. The payment elected under any one option must be at least \$20. If the total policy proceeds are less than \$2,000 payment will be made in one lump sum.

Evidence that Payee is Alive. Before making any payment under a Payment Option, We may ask for proof that the payee is alive. If proof is requested, no payment will be made or considered due until We receive proof.

Death of a Payee. If a payee dies, any unpaid balance will be paid as stated in the Payment Contract. If there is no surviving payee named in the Payment Contract, We will pay the estate of the payee:

1. Under Options 1 and 3: The value of the remaining payments for the specified period as of the date We receive Written notification of death, discounted at the rate of interest used in determining the amount of the monthly payment.
2. Under Options 2 and 4, the balance of any proceeds remaining unpaid with accrued interest, if any.

Withdrawal of Proceeds Under Options 1 or 2. If provided in the Payment Contract, a payee will have the right to withdraw the entire unpaid balance under Options 1 or 2. Under Option 1, the amount will be the value of the remaining payments for the specified period discounted at the rate of interest used in determining monthly income. Under Option 2, the amount will be the entire unpaid balance.

Withdrawal of Proceeds Under Option 4. A payee will have the right to withdraw proceeds left under Option 4 subject to the following rules:

1. The amount to be withdrawn must be \$500 or more;
2. A partial withdrawal must leave a balance on deposit of \$1,000 or more.

Withdrawals May Be Deferred. We may defer payment of any withdrawal for up to 6 months from the date We receive a withdrawal request.

Assignment. Payment Contracts may not be assigned.

Change in Payment. The right to make any change in payment is available only if the Payment Contract provides for a change in payment.

Claims of Creditors. To the extent permitted by law, proceeds will not be subject to any claims of a Beneficiary's creditors.

GENERAL PROVISIONS

Assigning Your Policy. During the lifetime of either Contingent Insured, You may assign this policy as security for an obligation. We will not be bound by an assignment unless it is received In Writing at Our Home Office. Two copies of the assignment must be submitted. We will retain one copy and return the other. We will not be responsible for the validity of any assignment.

Incontestability. We rely on the statements made in the application for the policy and any amendments of application, supplemental applications, and applications for any reinstatements or increases in Specified Amount. These statements, in the absence of fraud, are considered representations and not warranties. No statement may be used in defense of a claim under the policy unless it is in such applications.

GENERAL PROVISIONS (Cont'd)

Except as stated below, We cannot contest this policy during either Contingent Insured's lifetime after it has been in force for two years from the Date of Issue.

Exceptions: We cannot contest any claim related to an increase in Specified Amount during either Contingent Insured's lifetime after such increase has been in effect for two years.

If this policy is reinstated, We cannot contest this policy during either Contingent Insured's lifetime after it has been in force for two years from the date of reinstatement.

We can contest a reinstatement or an increase in Specified Amount for a 2-year period following the date of an increase or reinstatement solely on the basis of the information furnished in the application for such reinstatement or increase.

This 2-year limitation does not apply to benefits provided by any Disability or Accidental Death Benefit rider, or to the nonpayment of premium.

Suicide Exclusion. If either Contingent Insured takes his or her own life, while sane or insane, within two years from the Date of Issue, We will limit the Death Benefit Proceeds to the premiums paid less any policy loans and less any partial cash surrenders paid.

If there are any increases in the Specified Amount a new 2-year period shall apply to each increase beginning on the date of each increase. If death due to suicide occurs during the 2-year period following an increase, but after the policy has been in force for 2 years or more, We will refund the cost of insurance charges that were deducted for the increase, and the increase will be terminated. The Initial Specified Amount and any increases in Specified Amount that have been in force for 2 years or more, will remain in force on the life of the Last Surviving Contingent Insured. (See "Changing Your Insurance Policy".)

When the laws of the state in which this policy is delivered require less than this 2-year period, the period will be as stated in such laws.

Age or Gender Incorrectly Stated (Age Incorrectly Stated if Issued on a Gender Neutral Basis). If: (1) the age or gender of a Contingent Insured (if this policy was issued on a Sex Distinct basis); or (2) the age of a Contingent Insured (if this policy was issued on a Gender Neutral basis) has been misstated to Us, We will adjust the excess of the Death Benefit Amount over the Accumulation Value on the date of the second death to that which would have been purchased by the Monthly Deduction for the policy month of death at the correct cost of insurance rate. By age, We mean age nearest birthday as of the Date of Issue.

Statutory Basis of Policy Values. The Cash Values of the policy are not less than the minimum values required by the law of the state where this policy is delivered. The calculation of the Cash Values includes interest at the Alternate Value guaranteed annual interest rate shown on the Policy Schedule and a charge for the cost of insurance, as shown in the Table of Guaranteed Monthly Cost of Insurance Rates.

The calculations of minimum Cash Values, non-forfeiture benefits and Guaranteed Cost of Insurance rates are based on the Mortality Table shown on the Policy Schedule for the appropriate gender (if this policy was issued on a Sex Distinct basis) and age nearest birthday.

A detailed statement of the method of computing values has been filed with the state insurance department where required.

No Dividends. This policy will not pay dividends. It will not participate in any of Our surplus or earnings.

GENERAL PROVISIONS (Cont'd)

Annual Report. We will send You at least once a year, without charge, an annual report which shows the following:

1. Premiums paid;
2. Expense charges deducted;
3. Declared Interest and Index Interest, if applicable, credited to Your Accumulation Value;
4. The cost of insurance deducted;
5. Partial surrender benefits paid to You;
6. The amount of any outstanding policy loan;
7. The current Cash Surrender and Accumulation Values;
8. The Eligible Value, if applicable;
9. The Participation Rate, if applicable;
10. The Index Return for each index, if applicable; and
11. The Adjusted Index Return, if applicable.

Illustration Request. At any time while this policy is in force, You may request from Us an illustration of policy values for the future. The values will be based on both guaranteed and then current assumptions. A reasonable fee, not to exceed \$50.00, may be charged for additional illustrations requested in a policy year.

When This Policy Terminates. This policy will terminate if:

1. A full surrender of this policy is made; or
2. The Last Surviving Contingent Insured dies; or
3. Premiums are refunded due to suicide of either Contingent Insured; or
4. The policy matures; or

5. The Grace Period ends; and
 - a. There is insufficient Cash Surrender Value to cover a Monthly Deduction; and
 - b. The necessary Monthly Guarantee Premiums to keep the policy in force have not been paid.

Reinstatement. "Reinstating" means placing Your policy in force after it has terminated at the end of the Grace Period. We will reinstate this policy if We receive:

1. Your Written request within 5 years after the end of the Grace Period and before the Maturity Date; and
2. Evidence of insurability satisfactory to Us; and
3. Payment of enough premium to keep the policy in force for 2 months or, if less, an amount equal to all past due Monthly Guarantee Premiums accumulated with interest at the applicable MGP1 or MGP interest rate; and
4. Payment or reinstatement of any indebtedness.

The reinstated policy will be in force from the Monthly Deduction Day on or following the date We approve the reinstatement application.

The original surrender charge schedule will apply to a reinstated policy. The Accumulation Value at the time of reinstatement will be:

1. The surrender charge deducted at the time of lapse (such charge not being greater than the Accumulation Value at the time of lapse before the surrender charge was applied); plus
2. The Net Premium paid at reinstatement; plus

GENERAL PROVISIONS (Cont'd)

3. Any loan repaid or reinstated; less
4. The Monthly Deduction for one month.

If persons other than the Contingent Insureds are covered by an attached rider, coverage will be reinstated according to that rider.

Reinstatement of the Alternate Value. The Alternate Value at the time of reinstatement will be:

1. The surrender charge deducted at the time of lapse (such charge not being greater than the AV at the time of lapse before the surrender charge was applied); plus
2. The Net Premium paid at reinstatement; plus
3. Any loan repaid or reinstated; less
4. The AV Monthly Deduction for one month.

The reinstated AV can be less than zero.

Index Accounts After Reinstatement. Unless the effective date of reinstatement is an Allocation Day, an Index Account will not be established until the first Allocation Day following reinstatement.

Option to Extend Coverage. You may elect to extend the Maturity Date stated on the Schedule Page (Maturity Date), as follows:

If one or both Contingent Insureds are living on the Maturity Date, coverage will be continued until the date of the second death.

To elect this option, You must submit a Written request to the Company on a form acceptable to Us, at least 30 days prior to the original Maturity Date.

Starting on the original Maturity Date:

1. The Death Benefit Amount for the base policy will be equal to the base policy Death Benefit Amount in effect on the day prior to the Maturity Date, and if based all, or in part, on the Accumulation Value, will be adjusted by future changes in the

Accumulation Value. The Death Benefit Amount will never be less than the Accumulation Value;

2. Unless otherwise stated in a rider attached to this policy, coverage under any riders attached to this policy will not be extended;
3. No Monthly Deductions will be made;
4. New premium payments will not be accepted;
5. Interest on policy loans will continue to accrue in the same manner as stated in the "Policy Loans" provisions and You may repay all or part of a loan at any time as stated in the "Policy Loans" provisions; and
6. The Accumulation Value will continue to be determined as stated in this policy, subject to item 3 above.

After this option is selected, it may not be revoked.

Policy Changes and Extending Coverage.

We will not permit a change to Your policy that would result in the policy not meeting the definition of life insurance under Section 7702 of the Internal Revenue Code. The 2001 CSO Mortality Tables provide a stated termination date of age 121. The Option to Extend Coverage, described above, allows the policy to continue beyond age 121. The tax consequences of extending the Maturity Date beyond the age 121 termination date of the 2001 CSO Mortality Tables are unclear. You should consult Your personal tax advisor about the effect of any change to Your policy as it relates to Section 7702 and the termination date of the Mortality Tables.

Rights Reserved By Us. Upon notice to You, this policy may be modified by Us, but only if such modification is necessary to make any changes as required by the Internal Revenue Code or by any other applicable law, regulation or interpretation in order to continue treatment of this policy as life insurance.

GENERAL PROVISIONS (Cont'd)

When required by law, We will obtain Your approval of changes and We will obtain approval from any appropriate regulatory authority.

Payment of Interest on Proceeds Not Paid Within 30 Days After Due Proof of Death is Furnished To The Company. If proceeds

under this policy, including the refund of any unearned premiums, are not paid within 30 days after due proof of the second death has been furnished to the Company, We will pay interest on such proceeds at the rate of 8% per year from the date due proof of the second death is furnished to the date such proceeds are paid.

EXCHANGE OPTION

At any time while both Contingent Insureds are living this policy may be exchanged for two individual policies covering the Contingent Insureds separately subject to the following:

1. The total amount of coverage under the new policies will be an amount equal to:
 - a. The Death Benefit Amount in effect on the effective date of exchange; less
 - b. The amount of any policy loan.

Except as stated in number 10, the Death Benefit Amount of this policy may be split into two individual policies in any proportion, the total of which does not exceed the Death Benefit Amount of this policy.

2. The Cash Surrender Value will be transferred to the new policies in the same ratio as the division of the Death Benefit Amount;
3. The new policies will be issued on any flexible premium adjustable whole life or level premium whole life or endowment plan regularly issued by the Company on the date of exchange;
4. Except as stated in number 10, evidence of insurability satisfactory to the Company must be furnished (this Exchange Option is not available unless both Contingent Insureds are found to be insurable);

5. The new policies will be issued as of the date of exchange based on the age nearest birthday of each Contingent Insured;
6. The plan of insurance selected will be subject to Our standard minimum amount requirement for such a plan;
7. If, on or after the Date of Issue of this policy:
 - a. A rider providing waiver of monthly deduction or waiver of premium coverage is made available, and is added to this policy; and
 - b. Monthly deductions or premiums for this policy are being waived as provided in such a rider;

then neither monthly deductions nor premiums for the new policies will be waived and We will not include a waiver benefit in the new policies;

8. The Suicide Exclusion and Incontestability provisions of the new policies will run from the Date of Issue of the new policies;
9. This policy will terminate on the Date of Issue of the new policies; and

EXCHANGE OPTION (Cont'd)

10. We will not require evidence of insurability at the time this option is elected if:

- a. The Contingent Insureds divorce and a period of at least 24 months has elapsed since the date the divorce decree was finalized; or
- b. The Federal unlimited marital deduction is repealed, or there is a reduction of at least 50% of the tax rate in the maximum Federal estate bracket.

In these cases the amount of the coverage under each new policy will be 50% of an amount equal to:

- a. The Death Benefit Amount in effect on the effective date of exchange; less
- b. The amount of any policy loan.

50% of the Cash Surrender Value will be transferred to each of the new policies.

This Exchange Option is not available if the premium class of either Contingent Insured was "Uninsurable" on the Date of Issue.

To apply for an exchange, the Owner must submit:

1. Applications for the new policies (including evidence of insurability satisfactory to Us);
2. Payment of the first premium for each new policy; and
3. This policy for cancellation.

There may be income tax consequences if You exercise the Exchange Option. Consult with Your tax advisor before exercising this right.

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TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
AGE OF PAYEE	GUARANTEED PERIOD			AGE OF PAYEE	GUARANTEED PERIOD		
Female	10 Years	15 Years	20 Years	Female	10 Years	15 Years	20 Years
10	\$2.11	\$2.11	\$2.11	50	\$3.12	\$3.11	\$3.09
11	2.13	2.13	2.12	51	3.18	3.16	3.14
12	2.14	2.14	2.14	52	3.23	3.22	3.19
13	2.15	2.15	2.15	53	3.29	3.27	3.24
14	2.16	2.16	2.16	54	3.35	3.33	3.30
15	2.18	2.18	2.17	55	3.41	3.39	3.36
16	2.19	2.19	2.19	56	3.48	3.46	3.41
17	2.20	2.20	2.20	57	3.55	3.52	3.48
18	2.22	2.22	2.22	58	3.63	3.59	3.54
19	2.23	2.23	2.23	59	3.70	3.67	3.60
20	2.25	2.25	2.25	60	3.79	3.74	3.67
21	2.27	2.26	2.26	61	3.87	3.82	3.74
22	2.28	2.28	2.28	62	3.97	3.91	3.81
23	2.30	2.30	2.30	63	4.06	4.00	3.88
24	2.32	2.32	2.31	64	4.17	4.09	3.96
25	2.33	2.33	2.33	65	4.28	4.18	4.03
26	2.35	2.35	2.35	66	4.39	4.28	4.11
27	2.37	2.37	2.37	67	4.51	4.39	4.18
28	2.39	2.39	2.39	68	4.64	4.49	4.26
29	2.41	2.41	2.41	69	4.77	4.60	4.33
30	2.44	2.43	2.43	70	4.92	4.71	4.41
31	2.46	2.46	2.46	71	5.07	4.83	4.48
32	2.48	2.48	2.48	72	5.22	4.94	4.54
33	2.51	2.50	2.50	73	5.39	5.06	4.61
34	2.53	2.53	2.53	74	5.56	5.18	4.67
35	2.56	2.56	2.55	75	5.74	5.29	4.72
36	2.59	2.58	2.58	76	5.92	5.40	4.77
37	2.61	2.61	2.61	77	6.11	5.51	4.81
38	2.64	2.64	2.64	78	6.31	5.62	4.85
39	2.68	2.67	2.67	79	6.51	5.72	4.89
40	2.71	2.70	2.70	80	6.71	5.81	4.92
41	2.74	2.74	2.73	81	6.91	5.89	4.94
42	2.78	2.77	2.77	82	7.11	5.97	4.96
43	2.81	2.81	2.80	83	7.31	6.04	4.98
44	2.85	2.85	2.84	84	7.50	6.10	5.00
45	2.89	2.89	2.88	85	7.68	6.16	5.01
46	2.93	2.93	2.92	86	7.85	6.21	5.02
47	2.98	2.97	2.96	87	8.01	6.25	5.03
48	3.02	3.02	3.00	88	8.16	6.28	5.03
49	3.07	3.06	3.05	89	8.30	6.31	5.04
				90	8.42	6.34	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
AGE OF PAYEE	GUARANTEED PERIOD			AGE OF PAYEE	GUARANTEED PERIOD		
Male	10 Years	15 Years	20 Years	Male	10 Years	15 Years	20 Years
10	\$2.17	\$2.17	\$2.16	50	\$3.31	\$3.29	\$3.25
11	2.18	2.18	2.18	51	3.37	3.35	3.31
12	2.19	2.19	2.19	52	3.43	3.41	3.36
13	2.21	2.21	2.20	53	3.50	3.47	3.42
14	2.22	2.22	2.22	54	3.57	3.53	3.47
15	2.24	2.23	2.23	55	3.64	3.60	3.53
16	2.25	2.25	2.25	56	3.72	3.67	3.60
17	2.27	2.26	2.26	57	3.80	3.74	3.66
18	2.28	2.28	2.28	58	3.88	3.82	3.72
19	2.30	2.30	2.29	59	3.97	3.90	3.79
20	2.32	2.31	2.31	60	4.06	3.98	3.86
21	2.33	2.33	2.33	61	4.16	4.07	3.92
22	2.35	2.35	2.35	62	4.26	4.16	3.99
23	2.37	2.37	2.37	63	4.37	4.25	4.06
24	2.39	2.39	2.39	64	4.49	4.34	4.13
25	2.41	2.41	2.41	65	4.61	4.44	4.20
26	2.43	2.43	2.43	66	4.73	4.54	4.27
27	2.45	2.45	2.45	67	4.86	4.64	4.34
28	2.48	2.47	2.47	68	5.00	4.75	4.40
29	2.50	2.50	2.49	69	5.14	4.85	4.47
30	2.52	2.52	2.52	70	5.29	4.95	4.53
31	2.55	2.55	2.54	71	5.44	5.06	4.59
32	2.58	2.57	2.57	72	5.60	5.16	4.64
33	2.60	2.60	2.60	73	5.76	5.27	4.69
34	2.63	2.63	2.62	74	5.92	5.37	4.74
35	2.66	2.66	2.65	75	6.09	5.47	4.78
36	2.69	2.69	2.68	76	6.27	5.56	4.82
37	2.73	2.72	2.72	77	6.44	5.66	4.86
38	2.76	2.76	2.75	78	6.62	5.74	4.89
39	2.80	2.79	2.78	79	6.80	5.82	4.92
40	2.84	2.83	2.82	80	6.98	5.90	4.94
41	2.87	2.87	2.86	81	7.16	5.97	4.96
42	2.92	2.91	2.89	82	7.34	6.04	4.98
43	2.96	2.95	2.93	83	7.51	6.10	5.00
44	3.00	2.99	2.97	84	7.67	6.15	5.01
45	3.05	3.04	3.02	85	7.83	6.20	5.02
46	3.10	3.08	3.06	86	7.98	6.24	5.02
47	3.15	3.13	3.11	87	8.12	6.27	5.03
48	3.20	3.18	3.15	88	8.26	6.30	5.03
49	3.25	3.23	3.20	89	8.38	6.33	5.04
				90	8.50	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

TABLES OF MONTHLY INSTALLMENTS FOR EACH \$1,000 OF PROCEEDS

OPTION 1 TABLE							
INSTALLMENTS FOR A SPECIFIED PERIOD							
Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments	Number of Years Payable	Amount of Monthly Installments
1	\$84.09	11	\$8.42	21	\$4.85	31	\$3.59
2	42.46	12	7.80	22	4.67	32	3.51
3	28.59	13	7.26	23	4.51	33	3.44
4	21.65	14	6.81	24	4.36	34	3.37
5	17.49	15	6.42	25	4.22	35	3.30
6	14.72	16	6.07	26	4.10	36	3.23
7	12.74	17	5.77	27	3.98	37	3.17
8	11.25	18	5.50	28	3.87	38	3.12
9	10.10	19	5.26	29	3.77	39	3.06
10	9.18	20	5.04	30	3.68	40	3.01

OPTION 3 TABLE							
INSTALLMENTS FOR LIFE WITH SPECIFIED MINIMUM PERIOD							
GUARANTEED PERIOD				GUARANTEED PERIOD			
AGE OF PAYEE	10 Years	15 Years	20 Years	AGE OF PAYEE	10 Years	15 Years	20 Years
10	\$2.14	\$2.13	\$2.13	50	\$3.20	\$3.18	\$3.16
11	2.15	2.15	2.15	51	3.25	3.24	3.21
12	2.16	2.16	2.16	52	3.31	3.29	3.26
13	2.17	2.17	2.17	53	3.37	3.35	3.32
14	2.19	2.19	2.18	54	3.44	3.41	3.37
15	2.20	2.20	2.20	55	3.51	3.48	3.43
16	2.21	2.21	2.21	56	3.58	3.54	3.49
17	2.23	2.23	2.23	57	3.65	3.61	3.55
18	2.24	2.24	2.24	58	3.73	3.69	3.61
19	2.26	2.26	2.26	59	3.81	3.76	3.68
20	2.28	2.28	2.27	60	3.90	3.84	3.75
21	2.29	2.29	2.29	61	3.99	3.92	3.82
22	2.31	2.31	2.31	62	4.09	4.01	3.89
23	2.33	2.33	2.32	63	4.19	4.10	3.96
24	2.35	2.34	2.34	64	4.30	4.19	4.03
25	2.37	2.36	2.36	65	4.41	4.29	4.10
26	2.39	2.38	2.38	66	4.53	4.39	4.18
27	2.41	2.40	2.40	67	4.65	4.49	4.25
28	2.43	2.43	2.42	68	4.78	4.60	4.32
29	2.45	2.45	2.44	69	4.92	4.70	4.39
30	2.47	2.47	2.47	70	5.07	4.81	4.46
31	2.50	2.49	2.49	71	5.22	4.92	4.52
32	2.52	2.52	2.52	72	5.37	5.03	4.58
33	2.56	2.54	2.54	73	5.54	5.14	4.64
34	2.57	2.57	2.57	74	5.71	5.26	4.70
35	2.60	2.60	2.59	75	5.88	5.36	4.75
36	2.63	2.63	2.62	76	6.06	5.47	4.79
37	2.66	2.66	2.65	77	6.25	5.57	4.83
38	2.69	2.69	2.68	78	6.44	5.67	4.87
39	2.73	2.72	2.71	79	6.63	5.76	4.90
40	2.76	2.76	2.75	80	6.82	5.85	4.93
41	2.80	2.79	2.78	81	7.02	5.93	4.95
42	2.83	2.83	2.82	82	7.21	6.00	4.97
43	2.87	2.87	2.86	83	7.39	6.06	4.99
44	2.91	2.91	2.89	84	7.57	6.12	5.00
45	2.96	2.95	2.93	85	7.74	6.17	5.01
46	3.00	2.99	2.98	86	7.90	6.22	5.02
47	3.05	3.04	3.02	87	8.06	6.26	5.03
48	3.10	3.08	3.06	88	8.20	6.29	5.03
49	3.15	3.13	3.11	89	8.33	6.32	5.04
				90	8.45	6.35	5.04

Payments are based upon the age, nearest birthday, of the Payee on the date the first payment is due. If monthly installments for two or more specified periods for a given age are the same, the specified period of longer duration will apply.

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AMERICAN GENERAL LIFE
Insurance Company
A Stock Company

This is a JOINT AND LAST SURVIVOR FIXED INDEX INTEREST FLEXIBLE PREMIUM ADJUSTABLE LIFE INSURANCE POLICY. An Adjustable Death Benefit is payable upon the Last Surviving Contingent Insured's death prior to the Maturity Date and while this policy is in force. Premium payments are flexible and payable to the Maturity Date. ACCUMULATION VALUES and CASH VALUES are flexible and will be based on the amount and frequency of premiums paid, and the amount of interest credited. NONPARTICIPATING-THIS POLICY WILL NOT PAY DIVIDENDS.

For Information, Service or to make a Complaint

Contact Your Servicing Agent, or Our Policyowner Service Department

2727-A Allen Parkway
P.O. Box 1931
Houston, Texas 77251
1-800-231-3655

<i>SERFF Tracking Number:</i>	<i>AMGN-125669508</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39293</i>
<i>Company Tracking Number:</i>	<i>08414</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AG Elite Global Survivor</i>		
<i>Project Name/Number:</i>	<i>AG Elite Global Survivor/08414</i>		

Rate Information

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AMGN-125669508</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American General Life Insurance Company</i>	<i>State Tracking Number:</i>	<i>39293</i>
<i>Company Tracking Number:</i>	<i>08414</i>		
<i>TOI:</i>	<i>L09I Individual Life - Flexible Premium</i>	<i>Sub-TOI:</i>	<i>L09I.002 Joint (Last Survivor)</i>
	<i>Adjustable Life</i>		
<i>Product Name:</i>	<i>AG Elite Global Survivor</i>		
<i>Project Name/Number:</i>	<i>AG Elite Global Survivor/08414</i>		

Supporting Document Schedules

Review Status:

Satisfied -Name:	Certification/Notice	05/28/2008
Comments:		
Attachments:		
	AR Flesch Certification.pdf	
	AR_AR Certif of Compliance with Rule 19.pdf	
	AR Cert_Comp.pdf	

Review Status:

Satisfied -Name:	Application	05/28/2008
Comments:		
	Approved on 12/01/06	
Attachments:		
	AGLC100565-2006 Life Insurance Application - Part A.pdf	
	AGLC100566-2006 Life Insurance Application Part B.pdf	

Review Status:

Satisfied -Name:	L4339 Notice	05/29/2008
Comments:		
Attachment:		
	L 4339 Notice.PDF	

Review Status:

Satisfied -Name:	Illustration Actuary's Certification of Compliance	06/10/2008
Comments:		
Attachment:		
	Illustration Actuary's Certification of Compliance.PDF	

AMERICAN GENERAL LIFE INSURANCE COMPANY

CERTIFICATION

This is to certify that the attached Form No(s). 08414 (has) achieved Flesch Reading Score of 50.41 and comply (ies) with the requirements of Arkansas Stat. Ann. §66-3251 through 66-3258, cited as the Life and Disability Insurance Policy Language Simplification Act.



Leo W. Grace, FLMI

Vice President



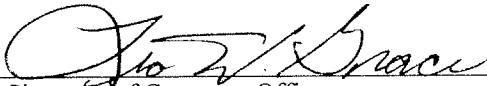
Date

Certificate of Compliance with Arkansas Rule and Regulation 19

Insurer: American General Life Insurance Company

Form Number(s): 08414- Joint and Last Survivor Fixed Index Interest Flexible Premium Adjustable Life
Insurance Policy

I hereby certify that the filing above meets all applicable Arkansas requirements including the requirements of Rule and Regulation 19.



Signature of Company Officer

Leo W. Grace, FLMI

Name

Vice President

Title



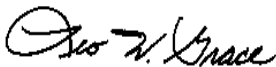
Date

AMERICAN GENERAL LIFE INSURANCE COMPANY

ARKANSAS CERTIFICATION OF COMPLIANCE

		Y/N	NA
Arkansas Code 23-79-138	Required Policy Information (AGL Form L-4339)	Y	
Rule and Regulation 49	Life And Disability Insurance Guaranty Fund Notices	Y	
Rule and Regulation 19	Unfair Sex Discrimination in the Sale of Insurance	Y	
Rule and Regulation 33	Variable Life Insurance		NA
	Licensing and approval to do business		NA
	Qualification of Insurer to Issue Variable Life Insurance		NA
	Article IV. Insurance Policy Requirements		NA
	Article V. Reserve Liabilities for Variable Life Insurance		NA
	Article VI. Separate Accounts		NA
	Article VII. Information Furnished to Applicants		NA
	Article VIII. Applications		NA
	Article IX. Reports to Policyholders		NA
	Article X. Foreign Companies		NA
	Article XI. Qualifications of Agents for the Sale of Variable Life Insurance		NA
	Article XII. Separability Article		NA
	Article XIII. Supersession of Conflicting Regulations		NA
Rule and Regulation 34	Universal Life Insurance (Sections 1-12)	Y	
	Valuation	Y	
	Nonforfeiture	Y	
	Mandatory Policy Provisions	Y	
	Disclosure Requirements	Y	
	Periodic Disclosure to Policyowner	Y	
	Interest Indexed Universal Life Policies	Y	
	Severability	Y	
Arkansas Bulletin 11-83	Guidelines for non-guaranteed costs on participating and non-participating life insurance		NA
	Current and Guaranteed Cost Of Insurance Rates	Y	
	Minimum/Maximum Interest Rate Range Minimum Rate: Maximum Rate:	3% 10%	

I hereby certify that form(s) 08414 is in compliance with those relevant Arkansas laws and regulations sited above.



Leo W. Grace
Director, Product Development



**AMERICAN
GENERAL**

**Life Insurance Application
Part A**

- ☐ American General Life Insurance Company, Houston, TX
☐ The United States Life Insurance Company in the City of New York, New York, NY
☐ AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Primary Proposed Insured

Name John Doe Social Security # 123-45-6789
Sex ☒ M ☐ F Birthplace* (state, country) Anytown, USA Date of Birth 6/01/71 Current Age 35
Tobacco Use Have you ever used any form of tobacco or nicotine products? ☐ yes ☒ no If yes, date of last use _____
If yes, type and quantity of tobacco or nicotine products used _____
Driver's License ☐ yes ☒ no Number _____ License State _____
U.S. Citizen ☒ yes ☐ no If no, Date of Entry _____ Visa Type _____ Exp. Date _____
Address 123 Main Street City, State Anytown, USA ZIP 77704
Home Phone (713) 123-4567 Work Phone (713) 345-6789 Email Jdoe aol.com
Employer Steel Industries Occupation Machine Operator Length of Employment 5 years
Employer Address 123 West Road City, State Anytown, USA ZIP 77704
Duties Operate machines, Supervise other operators
Personal Earned Income \$ 50,000 Household Income \$ 50,000 Net Worth \$ 100,000
If Primary Proposed Insured is a child or is age 18 or over and not self-supporting, what amount of insurance is in force on any of the following: Spouse \$ _____ Father \$ _____ Mother \$ _____ Siblings \$ _____

2. Other Proposed Insured

Name _____ Social Security # _____
Sex ☐ M ☐ F Birthplace* (state, country) _____ Date of Birth _____ Current Age _____
Relationship to Primary Proposed Insured _____
Tobacco Use Have you ever used any form of tobacco or nicotine products? ☐ yes ☐ no If yes, date of last use _____
If yes, type and quantity of tobacco or nicotine products used _____
Driver's License ☐ yes ☐ no Number _____ License State _____
U.S. Citizen ☐ yes ☐ no If no, Date of Entry _____ Visa Type _____ Exp. Date _____
Address _____ City, State _____ ZIP _____
Home Phone () _____ Work Phone () _____ Email _____
Employer _____ Occupation _____ Length of Employment _____
Employer Address _____ City, State _____ ZIP _____
Duties _____
Personal Earned Income \$ _____ Household Income \$ _____ Net Worth \$ _____

Ownership

3. A. Complete if the Primary Proposed Insured is not the Owner (If contingent Owner is required, use Remarks section.)

Name _____ Social Security or Tax ID # _____ Date of Birth _____
Address _____ City, State _____ ZIP _____
Home Phone () _____ Relationship to Primary Proposed Insured _____
Email _____

B. Complete if Owner is a trust (If trustee is premium payor, also complete section 14 D.)

Exact Name of Trust _____ Trust Tax ID # _____
Address _____ City, State _____ ZIP _____
Email _____
Current Trustee(s) _____ Date of Trust _____

*for identification purposes only

Product Information

4. **Product Name** (Complete appropriate supplemental application if applicable.) Elite Universal Life
Amount Applied For: Base Coverage \$ 50,000 Supplemental Coverage (If applicable) \$ _____
Death Benefit Compliance Test Used (If applicable): ☒ Guideline Premium ☐ Cash Value Accumulation
Automatic Premium Loan (If applicable): ☐ Yes ☒ No Premium Class Quoted _____
Reason for Insurance family protection

5. **Dividend Options** (For participating policy only.)
☐ Cash ☐ Premium Reduction ☐ Paid-up Additions ☐ Deposit Earning Interest ☐ Other (Explain) _____

6. **Premium Allocation** (For Indexed UL only if applicable.)
Indicate how each premium received is to be allocated. **Total allocations must equal 100%. Use whole percentage only.**
Indexed Interest Account _____% Excess Interest Account _____% Total 100%

7. **Death Benefit Options** (For UL & VUL only.) ☒ Option 1 - Level ☐ Option 2 - Increasing ☐ Option 3 - Level Plus Return of Premium

8. **Riders/Benefits**
☐ Child Rider Amount \$ _____ (Complete Child Rider Attachment) or ☐ No current children
☐ Waiver of Premium ☐ Waiver of Monthly Deduction ☐ Waiver of Monthly Guarantee Premium
☐ Maturity Extension Rider - Accumulation Value ☐ Maturity Extension Rider - Death Benefit ☐ Terminal Illness Rider
☐ Accidental Death Benefit Amount \$ _____ ☐ Other Insured/Spouse Rider Amount \$ _____
☐ Disability Income Rider (Complete the following if DI Rider is requested)
Number of Units (1 unit = \$100): _____ Occupational Class (Please check): ☐ 1 ☐ 2
☐ Adjustable Return of Premium Rider - (Provide % of Premium) _____
☐ Scheduled Increase Rider
☐ Other Riders/Benefits #1 _____ Amount/Unit(s) _____
☐ Other Riders/Benefits #2 _____ Amount/Unit(s) _____

Beneficiary

9. Primary	Name	<u>Jane Doe</u>	Relationship	<u>wife</u>	Share	<u>100%</u> %
	Name	_____	Relationship	_____	Share	_____ %
	Name	_____	Relationship	_____	Share	_____ %
	Name	_____	Relationship	_____	Share	_____ %
10. Contingent	Name	_____	Relationship	_____	Share	_____ %
	Name	_____	Relationship	_____	Share	_____ %
	Name	_____	Relationship	_____	Share	_____ %

11. **Trust Information (if Beneficiary)** Exact Name of Trust _____
Trust Tax ID # _____ Current Trustee(s) _____ Date of Trust _____

12. **Rider Beneficiaries** (Complete if other than Primary Proposed Insured.)
Other Insured/Spouse Rider _____ Relationship _____
Child Rider _____ Relationship _____

Business Coverage

13. **Business Insurance Details** (Complete only if applying for business coverage.)
Does any Proposed Insured have an ownership interest in the business? ☐ yes ☐ no
If yes, what is the percentage of ownership for the: Primary Proposed Insured _____% Other Proposed Insured _____%
Net Profit of Business \$ _____ Fair Market Value of Business \$ _____
If buy-sell, stock redemption, or key person insurance, will all partners or key people be covered? ☐ yes ☐ no
Describe any special circumstances. _____

Premium

14. Premium Payment ☒ Modal \$ 600 ☐ Single \$ _____ ☐ Additional Initial \$ _____

A. Frequency of modal premium: ☐ Annual ☐ Semi-annual ☒ Quarterly ☐ Monthly *(Bank Draft only)*

B. Method: ☒ Direct Billing ☐ Bank Draft *(Complete Bank Draft Authorization.)* ☐ List Bill: Number _____

☐ Credit Card - Initial Premium Only *(Complete Credit Card Authorization.)*

☐ Other *(Please explain.)* _____

C. Amount submitted with application \$ 600

D. Premium Payor *(Complete if other than Owner.)*

Name _____ Social Security or Tax ID # _____

Relationship to Primary Proposed Insured _____

Address _____ City, State _____ ZIP _____

Limited Temporary Life Insurance Eligibility

15. Health and Age Questions *(Regarding the Primary Proposed Insured and the Other Proposed Insured under a joint life or survivorship policy, if the correct answer to either question below is "yes" or any question is answered falsely or left blank, coverage is not available under the Limited Temporary Life Insurance Agreement ("LTLIA") and it is void, and any payment submitted will be refunded. Read the LTLIA for additional terms and conditions of coverage.)*

A. Has any Proposed Insured ever had a heart attack, stroke, cancer, diabetes or disorder of the immune system, or during the last two years been confined in a hospital or other health care facility or been advised to have any diagnostic test or surgery not yet performed? ☐ yes ☒ no

B. Is any Proposed Insured age 71 or above? ☐ yes ☒ no

Existing Coverage

16. Existing Coverage

A. Life and Annuity Coverage

Does any Proposed Insured have any existing or pending annuities or life insurance policies? ☐ yes ☒ no

(If yes, complete the following regarding such annuities or life insurance policies.)

Type: i = individual, b = business, g = group, p = pending life insurance or annuity

Name of Proposed Insured	Policy Number	Insurance Company	Type(s) (see above)	Year of Issue	Face Amount	Replace*	1035 Ex
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes
						<input type="checkbox"/> yes <input type="checkbox"/> no	<input type="checkbox"/> yes

*Replace means that the insurance being applied for may replace, change or use any monetary value of any existing or pending life insurance policy or annuity. If replacement may be involved, complete and submit replacement-related forms. Please note: certain states require completion of replacement related forms even when other life insurance or annuities are not being replaced by the policy being applied for.

B. Disability Coverage *(Complete only if Disability Income Rider coverage requested.)*

Does any Proposed Insured have any existing or pending Disability insurance policies? ☐ yes ☐ no

(If yes, complete the following regarding existing and pending disability insurance)

Insurance Company	Benefit Amount	Benefit Period	Elimination Period	Year Issued

Nonmedical Questions

17. Background Information (Complete questions A through F. If yes answer applies to any Proposed Insured, provide details specified after each question.)

- A.** Does any Proposed Insured intend to travel or reside outside of the United States or Canada within the next two years? ☐ yes ☒ no

(If yes, list country, date, length of stay and purpose.) _____

- B.** In the past five years, has any Proposed Insured participated in, or does he or she intend to participate in: any flights as a trainee, pilot or crew member; scuba diving; skydiving or parachuting; ultralight aviation; auto racing; cave exploration; hang gliding; boat racing; mountaineering; extreme sports or other hazardous activities? ☐ yes ☒ no

(If yes, circle or list the applicable activities and complete the Aviation and/or Avocation Questionnaire.) _____

C. Has any Proposed Insured:

- 1) During the past 90 days submitted an application for life insurance to any company or begun the process of filling out an application? ☐ yes ☒ no

(If yes, list company name, amount applied for, purpose of insurance and if application will be placed.) _____

- 2) Ever had a life or disability insurance application modified, rated, declined, postponed, withdrawn, canceled or refused for renewal? ☐ yes ☒ no

(If yes, list date and reason.) _____

- D.** Has any Proposed Insured ever filed for bankruptcy? ☐ yes ☒ no

(If yes, list chapter filed, date, reason and discharge date.) _____

- E.** In the past five years, has any Proposed Insured been charged with or convicted of driving under the influence of alcohol or drugs or had any driving violations? ☐ yes ☒ no

(If yes, list date, state, license no. and specific violation.) _____

- F.** Has any Proposed Insured ever been convicted of or pled guilty or no contest to a criminal offense or currently have any felony or misdemeanor charge pending? ☐ yes ☒ no

(If yes, list date, state and charge.) _____

Remarks

18. Details and Explanations

American General Life Insurance Company, Houston, TX

AIG Life Insurance Company, Wilmington, DE

The United States Life Insurance Company in the City of New York, New York, NY

The above listed life insurance company ("Company") as selected on page one of this application is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Agreement, Authorization to Obtain and Disclose Information and Signatures

I, the Primary Proposed Insured and Owner signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of any Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

Limited Temporary Life Insurance Agreement ("LTLIA") – If I have received and accepted the LTLIA, I understand and agree that such insurance is available only on the life of the Primary Proposed Insured under the life policy (and the Other Proposed Insured under a joint and survivorship life policy, if applicable) and only if the following four conditions are met: (1) the full first modal premium is submitted with this application and paid; and (2) only "no" answers have been truthfully given to the Health and Age Questions in section 15; and (3) Part A and Part B of the application must be completed, signed and dated; and (4) all medical exam requirements must be satisfied. I understand and agree that such insurance is not available with any riders or any accident and/or health insurance.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

I give my consent to all of the entities listed below to give to the Company, its legal representatives, American General Life Companies LLC ("AGLC") (an affiliated service company), and affiliated insurers all information they have pertaining to: medical consultations; treatments; surgeries; hospital confinements for physical and/or mental conditions; use of drugs or alcohol; drug prescriptions; or any other information for me, my spouse or my minor children. Other information could include items such as: personal finances; habits; hazardous avocations; motor vehicle records from the Department of Motor Vehicles; court records; or foreign travel, etc. I give my consent for the information outlined above to be provided by: any physician or medical practitioner; any hospital, clinic or other health care facility; pharmacy benefit manager or prescription database; any insurance or reinsurance company; any consumer reporting agency or insurance support organization; my employer; or the Medical Information Bureau (MIB).

I understand the information obtained will be used by the Company to determine: (1) eligibility for insurance; and (2) eligibility for benefits under an existing policy. Any information gathered during the evaluation of my application may be disclosed to: reinsurers; the MIB; other persons or organizations performing business or legal services in connection with my application or claim; me; any physician designated by me; or any person or entity required to receive such information by law or as I may further consent.

I, as well as any person authorized to act on my behalf, may, upon written request, obtain a copy of this consent. I understand this consent may be revoked at any time by sending a written request to the Company, Attn: Underwriting Department at P.O. Box 1931, Houston, TX 77251-1931.

This consent will be valid for 24 months from the date of this application. I agree that a copy of this consent will be as valid as the original. I authorize AGLC or affiliated insurers to obtain an investigative consumer report on me. I understand that I may: request to be interviewed for the report; and receive, upon written request, a copy of such report. ☐ Check if you wish to be interviewed.

IRS Certification: Under penalties of perjury, I certify: (1) that the number shown on this application is my correct Social Security or Tax ID number; and (2) that I am not subject to backup withholding under Section 3406(a)(1)(C) of the Internal Revenue Code; and (3) that I am a U.S. person (including a U.S. resident alien). The Internal Revenue Service does not require my consent to any provisions of this document other than the certifications required to avoid backup withholding. You must cross out item (2) if you are subject to backup withholding and cross out item (3) if you are not a U.S. person (including a U.S. resident alien).

Proposed Insured(s)/Owner Signature

Signed at (city, state) Anytown, USA On (date) 10/01/06

Primary Proposed Insured X John Doe
(If under age 15, signature of parent or guardian)

Other Proposed Insured X _____
(If under age 15, signature of parent or guardian)

Owner (If other than Primary Proposed Insured) X _____

Agent(s) Signature(s)

I certify that the information supplied by the Primary Proposed Insured(s)/Owner has been truthfully and accurately recorded on the Part A application.

Writing Agent Name (please print) John Smith Writing Agent # 5678

Writing Agent Signature X John Smith Countersigned _____
(Licensed resident agent if state required)

Agent's Report

1. Statements

- A. Number of years you have known Primary Proposed Insured: _____
Other Proposed Insured: _____
- B. Does any Proposed Insured have any existing or pending annuities or life insurance policies? ☐ yes ☐ no
If yes, do you have any information that indicates that any Proposed Insured may replace, change, or use any monetary value of any existing or pending life insurance policy or annuity with any company in connection with the purchase of insurance? ☐ yes ☐ no
(If yes, please provide details in the Remarks section below and attach all replacement-related forms. Certain states require completion of replacement-related forms even when other life insurance or annuities are not being replaced by the policy being applied for.)
- C. Are you aware of any other information that would adversely affect any Proposed Insured's eligibility, acceptability, or insurability? *(If yes, please provide details in the Remarks section below, and do not provide limited temporary life insurance.)* ☐ yes ☐ no
- D. Did you provide the Owner with a Limited Temporary Life Insurance Agreement? ☐ yes ☐ no

2. Remarks, Details and Explanations *(Please include information on any collateral assignment, etc.)*

3. Commission, Agent/Agency Information *(Please list servicing agent first.)*

Agent(s) to Receive Commission	Agency Number	Agent Number	Percent of Split
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %
_____	_____	_____	_____ %

Writing Agent Name *(Please print)* _____ Date _____

Writing Agent Signature **X** _____

State License # _____ Phone # _____

Email _____ Fax # _____

4. If a translator was used, complete the following:

Name *(Please print)* _____

Address _____ City, State _____ ZIP _____

For Home Office use

Processing Center _____ Contact Person _____ Phone # _____

Servicing Agent (if other than writing agent) send policy/delivery requirements to _____

- ☐ American General Life Insurance Company, Houston, TX
☐ The United States Life Insurance Company in the City of New York, New York, NY
☐ AIG Life Insurance Company, Wilmington, DE

Member companies of American International Group, Inc.

The insurance company checked above ("Company") is responsible for the obligation and payment of benefits under any policy that it may issue. No other company is responsible for such obligations or payments.

Personal Information

1. Proposed Insured (Complete separate Part B for each Proposed Insured)

Name John Doe Date of Birth 06/01/71 Social Security # 123-45-6789

Medical History

(Instructions: Please answer ALL medical history questions. Do not leave any questions blank.)

2. Physician Information

Name, address and phone number of the Proposed Insured's personal physician(s). (If no personal physician, provide name, address and phone number of doctor last seen.)

Name Dr. John Smith Phone (713)123-4567
 Address 123 Water Street City, State Anytown, USA ZIP 12345
 Date, reason, findings and treatment at last visit annual check-up

3. Build

A. Admitted Height and Weight 6' ft. 2" in. 190 lbs

(Examiners: Also record measured height and weight on Exam page 1.)

B. Has the Proposed Insured had any weight change in excess of 10 lbs. in the past year? ☐ yes ☒ no If yes, complete the following:

Loss _____ lbs. Gain _____ lbs. Reason _____

4. Family History

Age if Living	Age at Death	Cause of Death	History of Heart Disease?	History of Cancer?
Father <u>65</u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ Type _____ Age of Onset _____
Mother <u>60</u>			<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes _____ Type _____ Age of Onset _____
Brother _____			<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Type _____ Age of Onset _____
Brother _____			<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Type _____ Age of Onset _____
Sister _____			<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Type _____ Age of Onset _____
Sister _____			<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Age of Onset _____	<input type="checkbox"/> No <input type="checkbox"/> Yes _____ Type _____ Age of Onset _____

5. Personal Health History

A. Has the Proposed Insured ever been diagnosed as having, been treated for, or consulted a licensed health care provider for:

- | | |
|--|---|
| 1) heart disease, heart attack, chest pain, irregular heartbeat, heart murmur, high cholesterol, high blood pressure or other disorder of the heart? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 2) a blood clot, aneurysm, stroke, or other disease, disorder or blockage of the arteries or veins? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 3) cancer, tumors, masses, cysts or other such abnormalities? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 4) diabetes, a disorder of the thyroid or other glands or a disorder of the immune system, blood or lymphatic system? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 5) colitis, hepatitis or a disorder of the esophagus, stomach, liver, pancreas, gall bladder or intestine? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 6) a disorder of the kidneys, bladder, prostate or reproductive organs or sugar or protein in the urine? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 7) asthma, bronchitis, emphysema, sleep apnea or other breathing or lung disorder? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 8) seizures, a disorder of the brain or spinal cord or other nervous system abnormality, including a mental or nervous disorder? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 9) arthritis, muscle disorders, connective tissue disease or other bone or joint disorders? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

B. Is the Proposed Insured currently taking any medication, treatment or therapy or under medical observation? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

C. Has the Proposed Insured in the past three years had but NOT sought treatment for:

- | | |
|--|---|
| 1) fainting spells, nervous disorder, headaches, convulsions or paralysis? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 2) any pain or discomfort in the chest or shortness of breath? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 3) disorders of the stomach, intestines or rectum, or blood in the urine? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |

(If yes, list condition such as: date of first occurrence; symptoms; and how treated.)

Details _____

D. Has the Proposed Insured ever:

- | | |
|--|---|
| 1) sought or received advice, counseling or treatment by a medical professional for the use of alcohol or drugs, including prescription drugs? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |
| 2) used cocaine, marijuana, heroin, controlled substances or any other drug, except as legally prescribed by a physician? | <input type="checkbox"/> yes <input checked="" type="checkbox"/> no |

(If yes answered to D1 or D2, please provide details below.)

Type of drug(s)/alcohol product(s) _____ Date last used _____

Name(s) of doctor/facility _____ Phone () _____

Address _____ City, State _____ ZIP _____

Treatment Dates _____

Support group(s) _____ Last date attended _____

Details of any drug or alcohol related arrests _____

5. Personal Health History (continued)

- E. Has the Proposed Insured ever been diagnosed as having or been treated by any member of the medical profession for AIDS Related Complex (ARC) or Acquired Immune Deficiency Syndrome (AIDS)? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

- F. Other than previously stated, in the past 10 years, has the Proposed Insured:

- 1) been hospitalized, consulted a health care provider or had any illness, injury or surgery? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

- 2) been advised to have any diagnostic test, hospitalization or treatment that was NOT completed? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; recommended tests, medications or treatment.)

Details _____

- 3) received or claimed disability or hospital indemnity benefits or a pension for any injury, sickness, disability or impaired condition? ☐ yes ☒ no

(If yes, list condition and provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

- G. Does the Proposed Insured have any symptoms or knowledge of any other condition that is NOT disclosed above? ☐ yes ☒ no

(If yes, provide details such as: date of first diagnosis; name, address, and phone number of doctor; tests performed; test results; medications or recommended treatment.)

Details _____

Agreement and Signatures

I, the Proposed Insured signing below, agree that I have read the statements contained in this application and any attachments or they have been read to me. They are true and complete to the best of my knowledge and belief. I understand that this application: (1) will consist of Part A, Part B, and if applicable, related attachments including supplement(s) and addendum(s); and (2) shall be the basis for any policy and any rider(s) issued. I understand that any misrepresentation contained in this application and relied on by the Company may be used to reduce or deny a claim or void the policy if: (1) such misrepresentation materially affects the acceptance of the risk; and (2) the policy is within its contestable period.

Except as may be provided in any Limited Temporary Life Insurance Agreement, I understand and agree that even if I paid a premium no insurance will be in effect under this application, or under any new policy or any rider(s) issued by the Company, unless or until all three of the following conditions are met: (1) the policy has been delivered and accepted; and (2) the full first modal premium for the issued policy has been paid; and (3) there has been no change in the health of the Proposed Insured(s) that would change the answers to any questions in the application before items (1) and (2) in this paragraph have occurred. I understand and agree that if all three conditions above are not met: (1) no insurance will begin in effect; and (2) the Company's liability will be limited to a refund of any premiums paid, regardless of whether loss occurs before premiums are refunded.

I understand and agree that no agent is authorized to: accept risks or pass upon insurability; make or modify contracts; or waive any of the Company's rights or requirements.

I have received a copy or have been read the Notices to the Proposed Insured(s).

Fraud

Any person who, with intent to defraud or facilitate a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.

SIGNATURE OF PROPOSED INSURED

Signed at (city, state) Anytown, USA On (date) 10/01/06

☒ John Doe
Proposed Insured (If under age 15, signature of parent or guardian)

If a translator was used, complete the following:

Name (Please print) _____

Address _____ City, State _____ ZIP _____

SIGNATURE(S) OF INTERVIEWER(S) – TO BE SIGNED BY ALL INTERVIEWERS, AS APPLICABLE

I certify that the information supplied by the Proposed Insured has been truthfully and accurately recorded on the Part B application.

If Agent recorded information

John Agent 223344 10/01/06
Writing Agent Name (Please print) Writing Agent # Date

☒ John Agent ☒ _____
Writing Agent Signature Countersigned (Licensed resident agent if state required)

If Tele-interviewer recorded information

Name (Please print) Company Date

If Paramedical Examiner/Medical Doctor recorded information

Examiner's Address _____ Paramed: Use company stamp below.

Examiner's Phone # () _____

Examiner's Name _____

Examiner's Signature

☒ _____ Date _____

Physical Measurements

1. Proposed Insured

- A. Name _____
- B. Build: Measured Height (*no shoes*) _____ ft. _____ in. Weight (*clothed*) _____ lbs (*Please weigh insured.*)
- C. Are you currently taking Blood Pressure Medication(s)? ☐ yes ☐ no
 Medication(s) _____

Blood Pressure (*Record all readings.*) If blood pressure exceeds 140/90, repeat reading at end of examination.*

	1st Reading	2nd Reading	3rd Reading	*Repeat Reading
Systolic BP				
Diastolic 5th Phase BP				
Pulse Rate				
Irregularities Per Min.				

- D. Did you weigh Proposed Insured? ☐ yes ☐ no
- E. Have any of the following been completed in conjunction with this exam?
☐ Blood ☐ Urine ☐ EKG ☐ Stress Test ☐ Chest x-ray
- F. Is appearance unhealthy or older than stated age? ☐ yes ☐ no
- G. Do you have any pertinent information not disclosed previously? ☐ yes ☐ no
(Details of yes answers to questions F and G)

- H. Are you related to the Proposed Insured by blood or marriage or do you have any business or professional relationship with the Proposed Insured? (*If yes, explain.*) ☐ yes ☐ no

Report By Examining Medical Doctor

Instructions to doctor:

To be completed in private by doctor only. Examination of heart and lungs must be with stethoscope against bare skin.

1) Heart

- a. Is there any cyanosis, edema, or evidence of peripheral vascular disease, arteriosclerosis or other cardiovascular disorder? ☐ yes ☐ no
- b. Is heart enlarged? (*If yes, describe.*) ☐ yes ☐ no
- c. Is murmur present? (*If yes, complete 2d.*) ☐ yes ☐ no
- d. Before exercise, murmur is:
☐ Constant Transmitted to where? _____
☐ Inconstant Localized at: ☐ Apex ☐ Base ☐ Elsewhere
☐ Systolic (*Give details.*) _____
☐ Diastolic Murmur grade: (*Please circle*) 1/6 2/6 3/6 4/6 5/6 6/6
 After valsalva, murmur is:
☐ Unchanged ☐ Decreased ☐ Increased ☐ Absent

Your impression _____

Report by Examining Medical Doctor (continued)

2) Has this examination revealed any abnormality of the following: *(Provide details to yes answers below.)*

a) Eyes, ears, nose, mouth and throat? *(If vision or hearing is markedly impaired, indicate degree and correction.)* ☐ yes ☐ no

Details _____

b) Endocrine system *(including thyroid)?*

☐ yes ☐ no

Details _____

c) Nervous system *(including reflexes, gait, paralysis)?*

☐ yes ☐ no

Details _____

d) Respiratory system?

☐ yes ☐ no

Details _____

e) Abdomen *(including scars)?*

☐ yes ☐ no

Details _____

f) Genito-urinary system?

☐ yes ☐ no

Details _____

g) Skin *(including scars)*, lymph nodes, blood vessels *(including varicose veins)?*

☐ yes ☐ no

Details _____

h) Musculoskeletal system *(including spine, joints, amputations, deformities)?*

☐ yes ☐ no

Details _____

Signature

Paramedical Examiner/Medical Doctor Signature

I certify that this exam was conducted the _____ day of _____, 20_____, at _____ ☐ am ☐ pm

Location of Exam _____ **Paramed: Use company stamp below.**

Examiner's Address _____

Examiner's Phone # () _____

Examiner's Name _____

Examiner's Signature **X** _____

(Agent should inform Paramedical Examiner/Medical Doctor of proper location to send form upon completion.)

American General Life Insurance Company

The following addresses and telephone numbers are furnished for your information:

The name, address, and phone number of your agent is:

Name

Address

Phone Number

The name, address, and phone number of the company is:

American General Life Insurance Company
P.O. Box 1931
Houston, Texas 77251
(713) 522-1111

You may contact the State Insurance Department, Consumer Services Division, at 1200 West Third Street, Little Rock, Arkansas 72201-1904, or call them at (501) 371-2640 or toll free at (800) 852-5494.

The notice is for information only and does not become a part or condition of your policy or contract.


AMERICAN GENERAL LIFE INSURANCE COMPANY
NAIC No. 012-60488
Policy Form 08414

Illustration Actuary's Certification of Compliance

The undersigned, in his capacity as the Illustration Actuary for American General Life Insurance Company, certifies the following:

- 1) The disciplined current scale used for the illustration of forms designated by the Company is in conformity with the Actuarial Standard of Practice for Compliance with the NAIC Model Regulation on Life Insurance Illustrations promulgated by the Actuarial Standards Board.
- 2) The illustrated scales used in the illustration of forms designated by the Company are in compliance with the illustration regulations for your state.
- 3) Nonguaranteed elements for new policies are consistent with those illustrated for similar in force policies.
- 4) Nonguaranteed elements for both new and in force policies are consistent with the nonguaranteed elements actually being paid, charged or credited to the same or similar forms.
- 5) The method used to allocate overhead expenses for all illustrations is the fully allocated expenses method.
- 6) There are no other matters which require disclosure at this time.

EXECUTED THIS 30th day of May, 2008

By: 
Wayne Barnard, FSA, MAAA
Illustration Actuary